Electronic Kidney Health Record (eKHR)

Medications Module

Version 1.1
January 13, 2014

manitoba renal program
ELECTRONIC
kidney health RECORD

kidneyhealth.ca in collaboration with BCRenal

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1 INTRODUCTION TO THE EKHR MEDICATIONS MODULE

1.1 Purpose of the Medications Module

The **Medications** module is a tool to track all patient medication information, both current and historical, for Manitoba Renal Program patients.

The **Medications** module provides one centralized location to manage all medication-related information across the Manitoba Renal Program. In addition, it includes the ability to easily verify data entered, review medications with the patient, and print any reports required to support the pharmacy function of the Manitoba Renal Program.

1.2 Medications Module User Roles

The **Medications** module includes four types of permissions/access for users; each type of access is independent of the other.

- **Data Entry**: User is able to enter and update medication information for a patient, including cancelling existing medications.
- **View Only**: User is only able to view medication information; user is not able to update medication records.
- **Medication Verification**: User is able to electronically verify any medication information entered in the eKHR.
- **Print Reports:** User is able to print reports from the **Medications** module.

The following table summarizes users of the **Medications** module and their permissions/access to the module.

Table 1: User Roles

User	Data Entry	View Only	Medication Verification	Print Lists
Pharmacist	x	x	x	x
Physician	x	x	x	x
Clinical Resource Nurse	x	x		x
Unit Clerk	x	x		x
Pharmacy Technician	x	x		x
Application Administrator	x	x		x
MRP General User		x		x

1.3 Where to Find the Medications Form

Main Menu: Monitoring
Sub-Menu: Medications

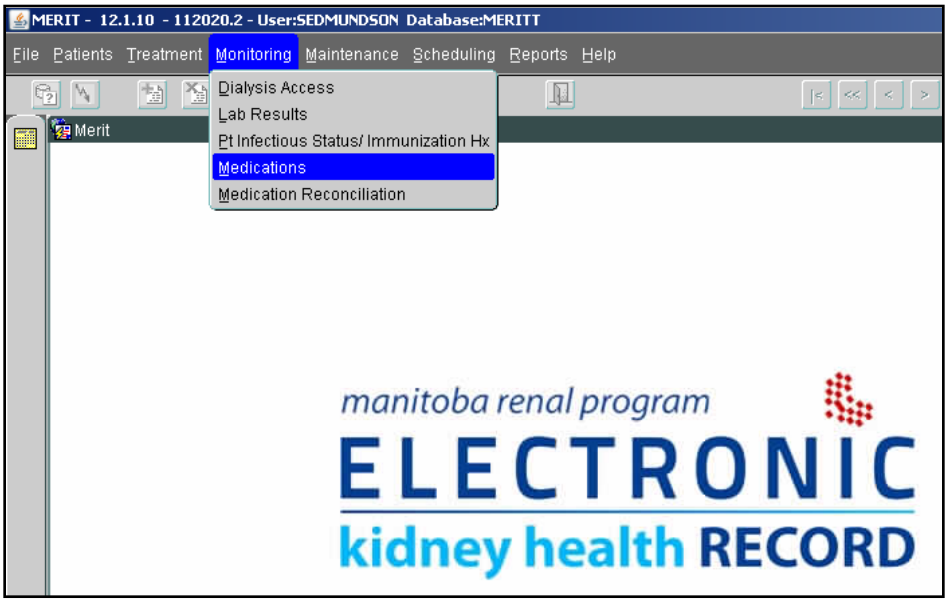


Figure 1-1: Where to Find the Medications Module

1.4 Navigating the Medications Form

The 2 tabs of the Medications module can be found near the top of the form and will be frequently referred to in this manual. The current tab that the user is viewing appears in the foreground and is coloured grey. The inactive tab is coloured teal. To switch to tabs, click on the tab you wish to view.

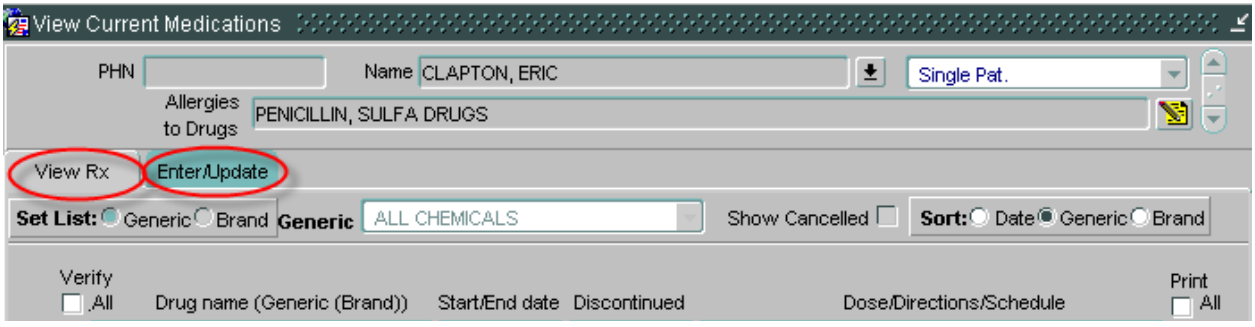


Figure 1-2: Navigating the Medications Form

1.4.1 View Rx Tab

The **View Rx** tab automatically opens when the Medications form is loaded. Each line in the table represents a medication, displaying the latest information for that medication (if available) in each column. Within this tab users can view the current medications or the history of medications for a patient.

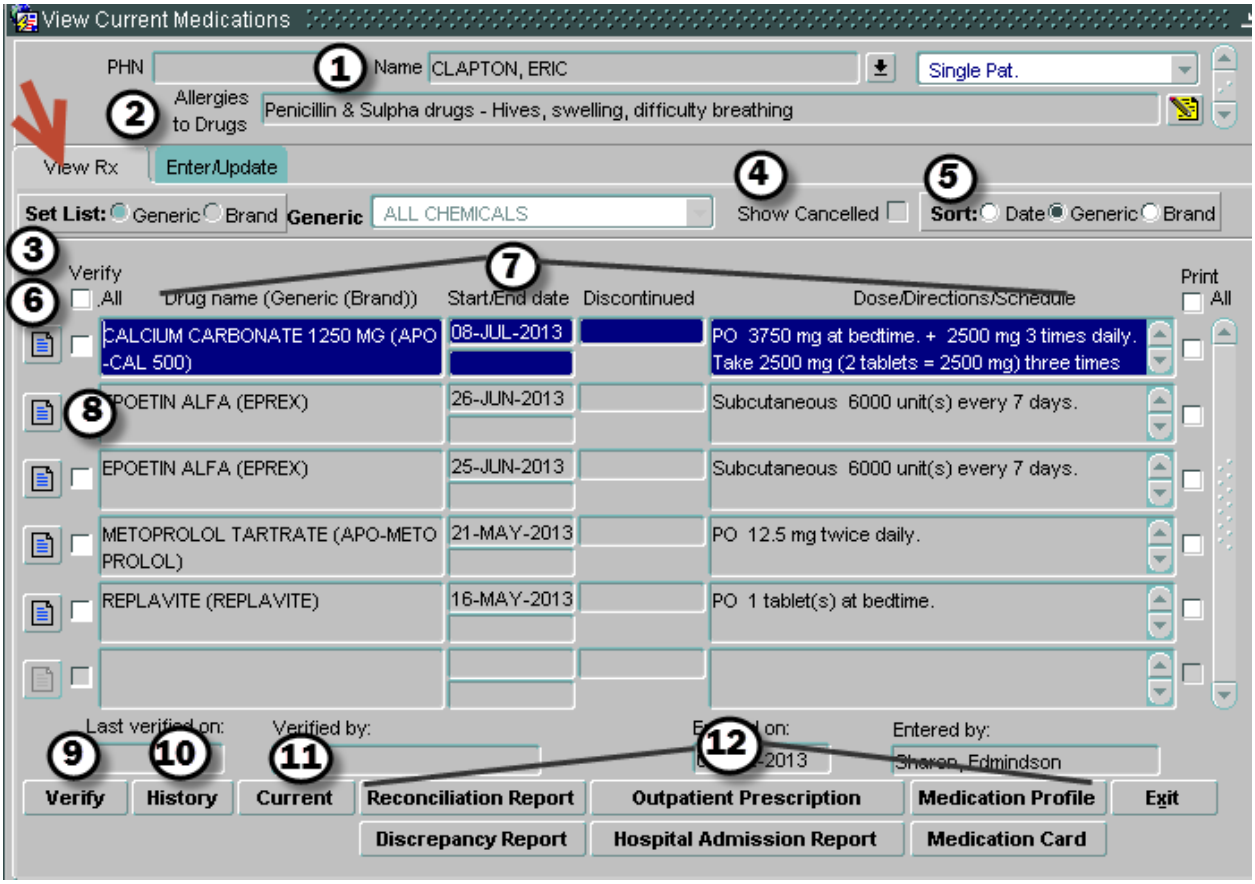


Figure 1-3: View Rx Tab

1. **Patient** – The currently selected patient and their PHIN number.
2. **Allergies to Drugs** – Patient's allergies including signs and symptoms
3. **Set List** – This is a filter that will allow the user to view the history of one specific drug for a patient. For this function to be enabled, the history button should be set.
4. **Show Cancelled** – When History button is selected, use **Show Cancelled** to include those medications that have been cancelled due to an error in data entry. **NOTE**: Cancelled medications will show in a magenta colour.
5. **Sort** – In both History and Current views use **Sort** to list the patient's medications/prescriptions by date, generic name or brand name.
6. **Verify All –** Use this check box to select all current medications when performing verification. **NOTE**: If not verifying all medications, select only check boxes beside those medications being verified.

7. **Drug Information –** These fields provide information about the patient's medication, including the Drug Name (Generic or Brand), Start/End and Discontinued Dates and details about the Dose, Directions and Schedule for administration.

8. **Notes Icon** – Click on notes icon to view existing discrepancy notes or to add a new discrepancy note for a medication. Also use to flag a medication for which verification is needed.

9. **Verify** – Use the Verify button to indicate that selected medication(s) has been verified as correct, after which the *last verified on* date and *verified by* name will appear.

10. **History –** Click on the History button to view both previous and current medications for the selected patient.

11. **Current –** Click on the Current button to view current medications for the selected patient.

12. **Report(s) -** The reports' buttons link the user to the selected report: Reconciliation Report, Outpatient Prescription, Medication Profile, Hospital Admission Report and Medication Card**.**

1.4.2 Enter/Update Tab

Clicking on the **Enter/Update** tab opens a form containing a number of fields used to enter information for a new medication or update information for an existing medication for a patient.

Note as with other sections of the eKHR that fields with blue labels are required fields.

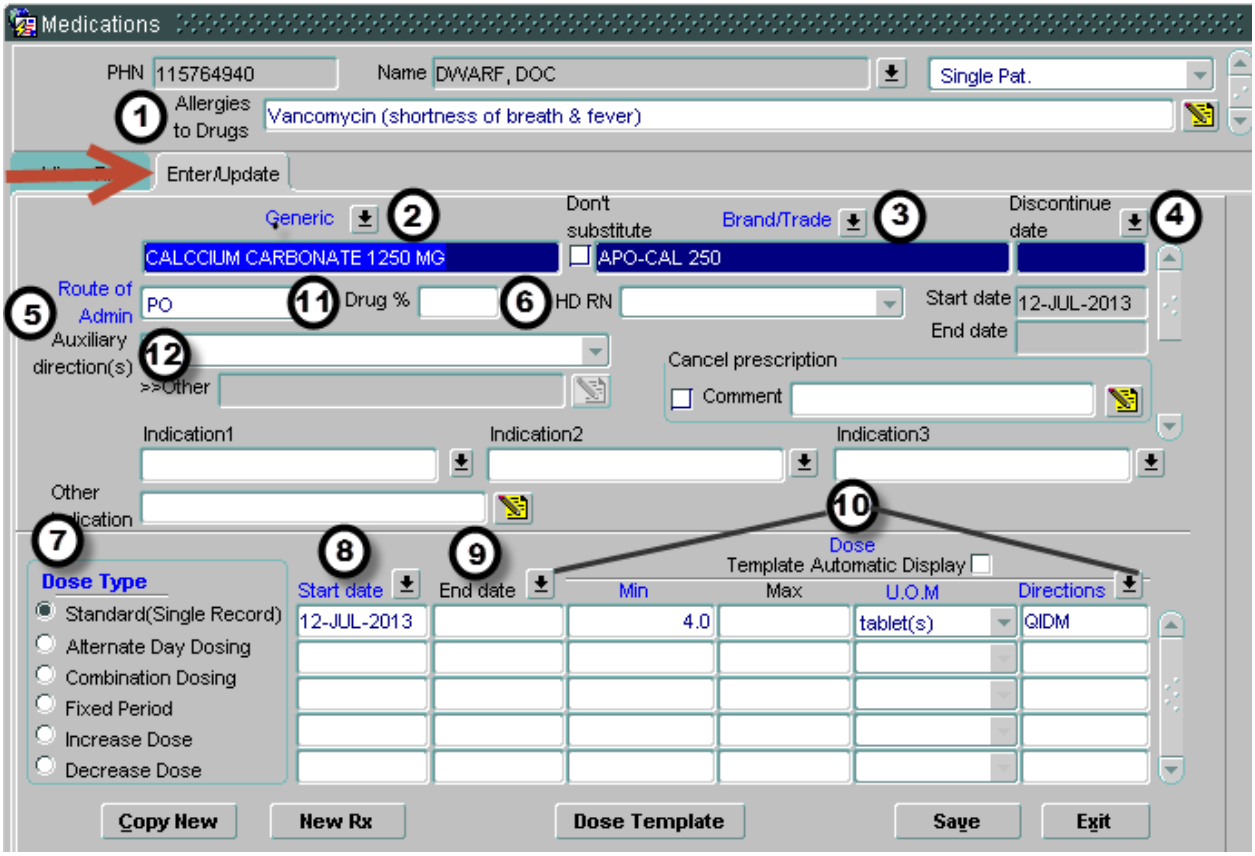


Figure 1-4: Enter / Update Tab

1. **Allergies to Drugs** – A list of the patient's drug allergies.
2. **Generic Name** - The patient's medication listed by its Generic name.
3. **Brand/Trade Name** - The patient's medication listed by its Brand or Trade name.
4. **Discontinue Date** – Use to enter the date a pre-existing medication closes when a change in dosage and/or directions occurs.
5. **Route of Administration** – Use this field to identify the route of administration for the selected medication.
6. **HD RN** – Use this drop-down to indicate drugs given pre dialysis, during dialysis or post dialysis.
7. **Dose Type** – Select the dose type button appropriate for the new or updated medication. *Dose Types are described in Section 1.5 below.*

8. **Start Date** – Use to enter the date when a medication starts. **NOTE:** This field auto populates with the current date; change to ordered start date if different.
9. **End Date** – Use to enter the date when a medication ends; only applies when a medication is taken for a definite time frame e.g. antibiotics.
10. **Dose** - The dose fields provide information about the prescribed medication's dose, including minimum dose, maximum dose (if prescribed), unit of measure and directions for administration.
11. **Drug %** - The concentration of the ingredient in total amount given.
12. **Auxiliary Directions –** Additional information about the prescription of the drug. This includes a free-text entry field for "Other" notes.

1.5 Dose Types

The following table describes the Dose Types used in the eKHR's Medications module.

Table 2: Dose Types

Dosage Type	Description	Example
Standard	Standard medication entry (one dose with one direction = one row)	Allopurinol 100 mg orally once daily
Alternate Day Dosing	Different dosages on alternating days	Synthroid 50 mcg on Monday, Wednesday, Friday & Sunday and 75 mcg on Tuesday, Thursday & Saturday
Combination Dosing	Different dosages at different times on the same day	Calcium carbonate 625 mg (Apo-Cal 250) Take 2 tablets orally with breakfast and supper and 1 tablet orally at lunch
Fixed Period	Medication given for a specified duration. *Start and End dates must be entered*.	Cephalexin 500 mg orally twice daily X 14 days
Increase Dose **(Not currently used)**	Increase in dosage over a period of time.	**NOTE: Increase Dose type is not currently used.** Enter as a Standard Dose with increasing dose details specified in Auxiliary Directions.
Decrease Dose **(Not currently used)**	Decrease in dosage over a period of time.	**NOTE: Decrease Dose type is not currently used.** Enter as a Standard Dose with decreasing dose details specified in Auxiliary Directions.

2 USING THE MEDICATIONS MODULE

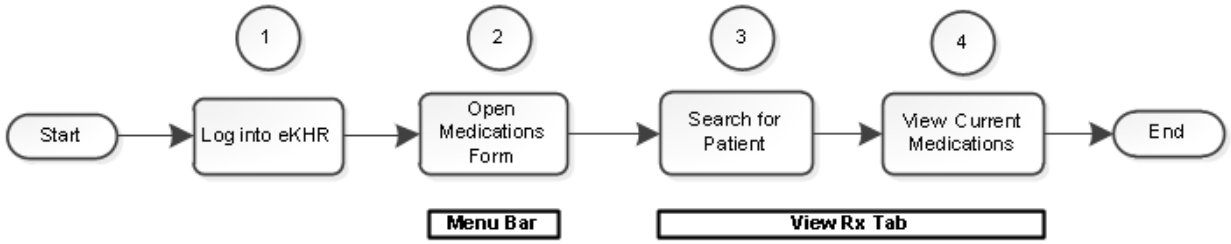
2.1 Viewing Patient Medications

All patient medication information, both current and historical can be found in the Medications form.

The Medications form is intended to capture and present only those medications actually administered to or taken by the patient. Medications that are put "on hold" should be discontinued. If the patient begins taking the medication again at a later date it will be entered as a new prescription.

2.1.1 Viewing a Patient's Current Medications

Process 1: Viewing Current Medications



All Steps:

1. Log into the eKHR.
2. Open **Medications** Form
   a. Select **Monitoring → Medications**.

   (The View Current Medications screen appears.)

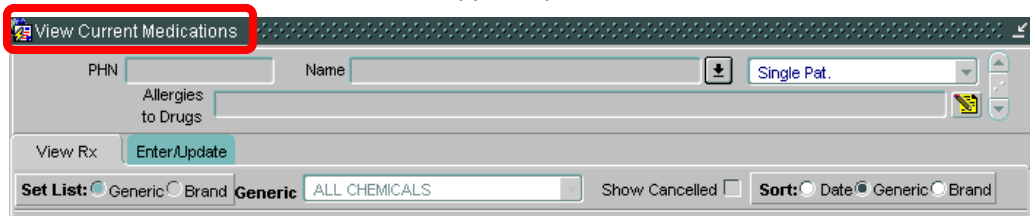


Figure 2-1: View Current Medications screen

3. Search for the patient in the eKHR by Name or PHIN:
   a. Click on the **Name** drop-down arrow.
   (The Choose a Patient dialogue box appears.)
   b. Click in the **Find** field after the **%** sign.
   c. Start entering the patient's last name (the more letters entered the more refined the search) or enter the patient's PHIN.
   d. Click the **Find** button.
   e. Select the correct patient from the list that appears.

f. Click the **OK** button.
(The View Rx Tab for the selected patient opens in the Current Medications view.)

g. Check that patient's name and PHIN number to ensure the correct patient is selected.

4. View the list of current medications for the selected patient, which includes the drug names (generic or brand), start dates, the end dates where applicable and the dose/directions/schedule information.

NOTE: Medications can be sorted by date, generic or brand name in the Current Medications view.

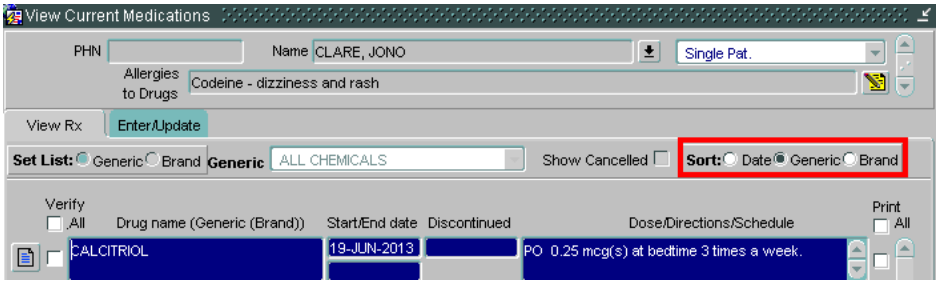
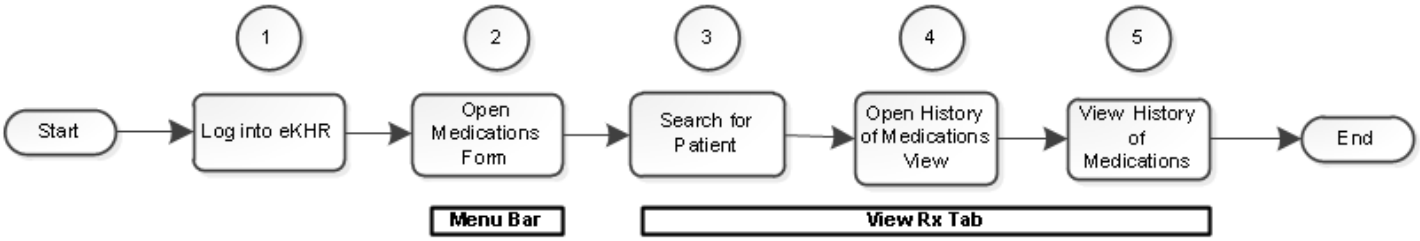


Figure 2-2: Sorting Medications

2.1.2 Viewing a Patient's History of Medications

The History of Medications screen displays current, ended and discontinued medications.

Process 2: Viewing History of Medications



All Steps:

Follow Steps 1 -3 for Viewing a Patient's Current Medications, then:

4. Open the **View History of Medications** screen:
   a. Click on the **History** button located at the bottom of the **View Rx** tab.

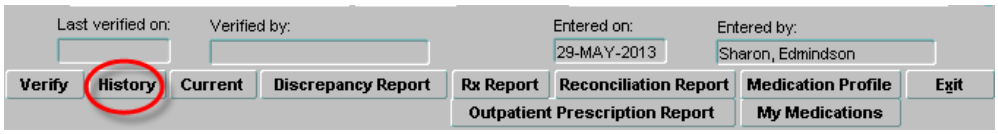


Figure 2-3: History button

(The View History of Medications screen appears.)

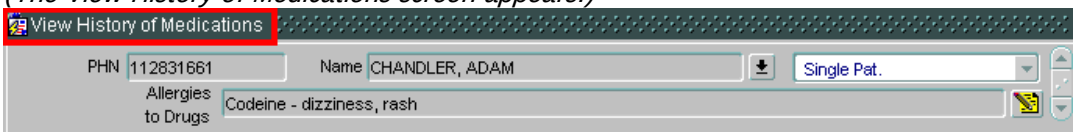


Figure 2-4: View History of Medications screen

5. View the list of current and previous medications for the selected patient, which includes the drug names (generic or brand), start dates and, where applicable, the end and/or discontinued dates and the dose/directions/schedule information.

NOTE: The list of medications can be sorted by date, generic or brand name in the History of Medications view.

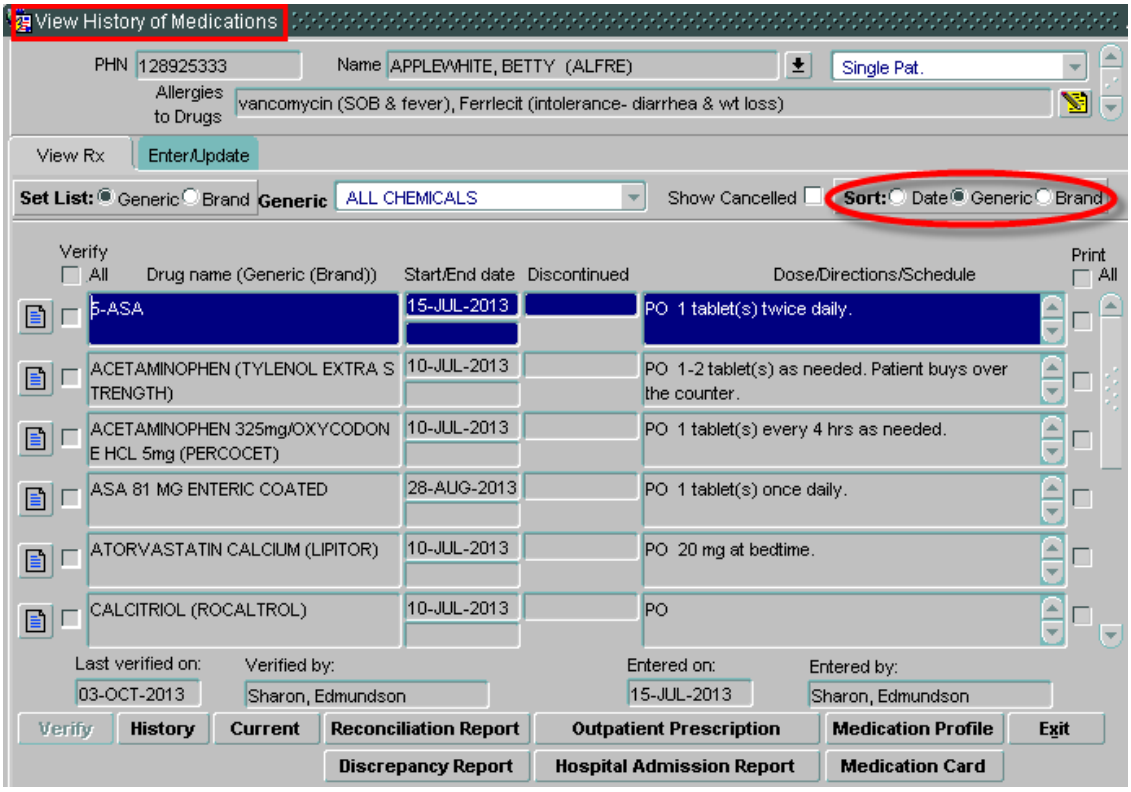
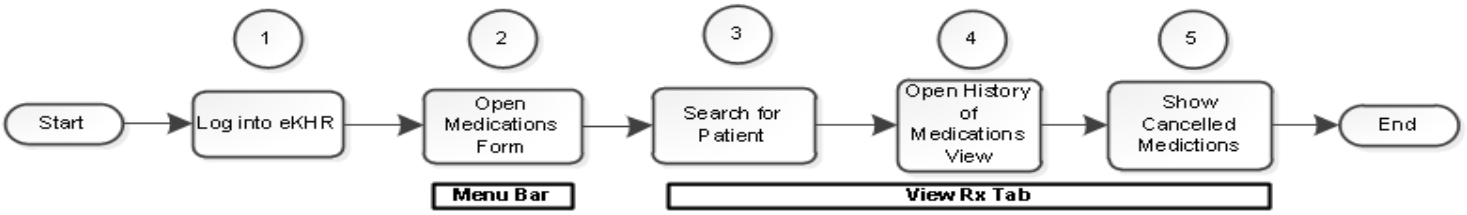


Figure 2-5: Sorting by Date, Generic or Brand Name

2.1.3 Viewing a Patient's Cancelled Medications

Occasionally users make or discover incorrect medication entries; either the medication was entered for the wrong patient or the wrong medication information was entered for the right patient. Incorrect medication entries are cancelled in the eKHR. Cancelled medications can be viewed via the History of Medications screen.

Process 3: Viewing Cancelled Medications



All Steps:

Follow Steps 1 – 3 for Viewing a Patient's Current Medications, then:

4. Open the **History of Medications** View
   a. Click on the **History** button located at the bottom of the **View Rx** tab.
5. Show **Cancelled Medications**
   a. Click the **Show Cancelled** checkbox.

   (All cancelled medications appear in an italicized magenta coloured font.)

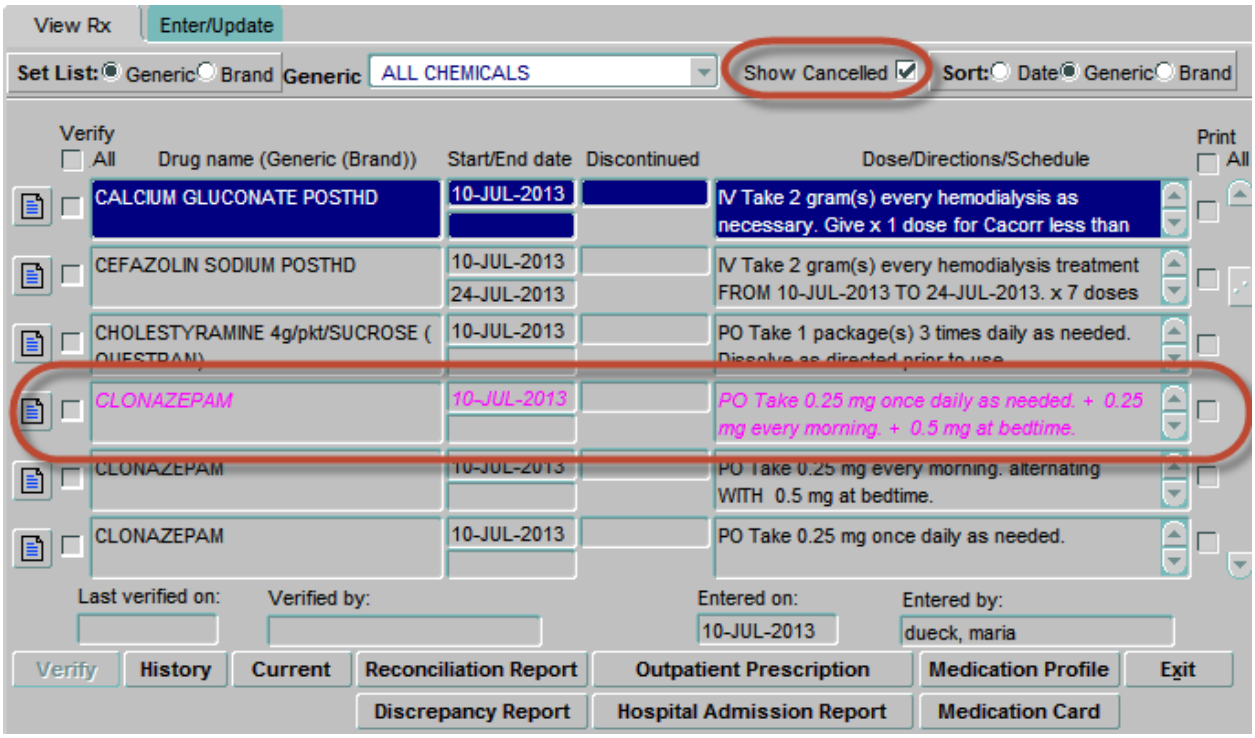


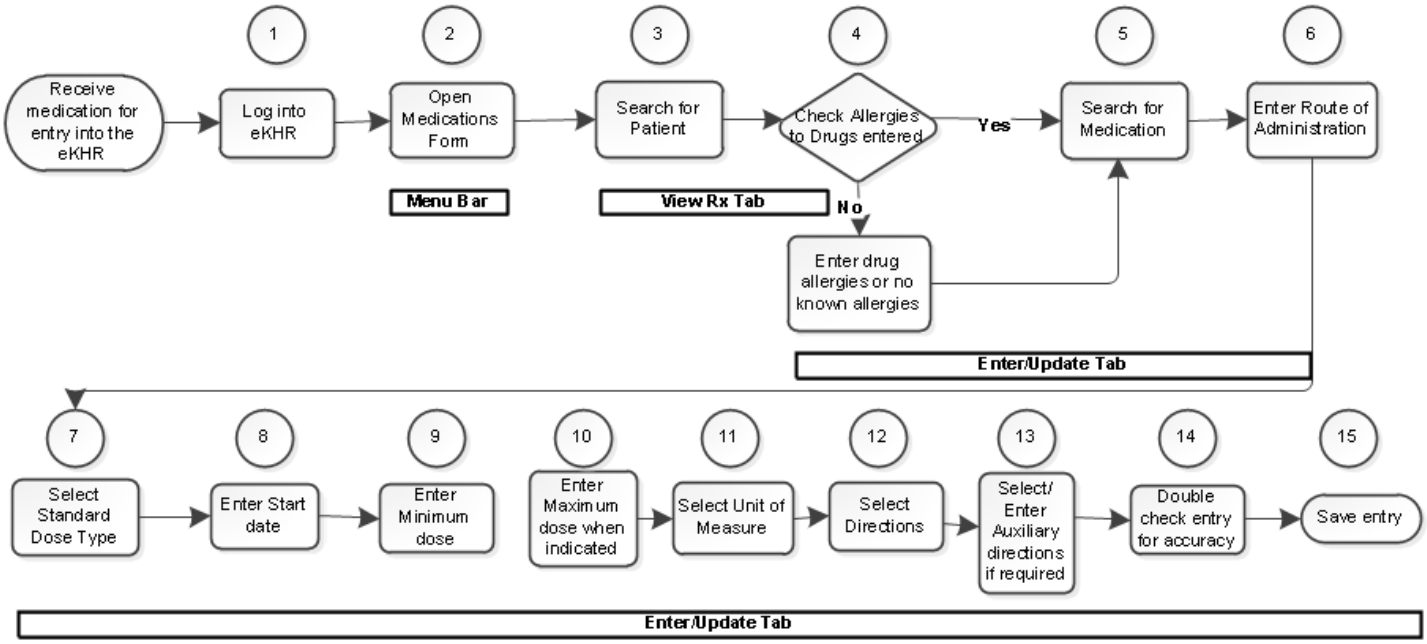
Figure 2-6: Cancelled Medications

2.2 Entering a New Medication

2.2.1 Entering a Standard (Single) Dose Medication

Use these steps to enter a new standard dose medication into the eKHR i.e. a medication with one dose and one direction = one row on the Medication form.

Process 4: Entering Standard Medication



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
   a. Select **Monitoring → Medications**.
3. Search for the patient in the eKHR by Name or PHIN:
   a. Click on the **Name** drop-down arrow.
   (The Choose a Patient dialogue box appears.)
   b. Click in the **Find** field after the **%** sign.
   c. Start entering the patient's last name (the more letters entered the more refined the search) or enter the patient's PHIN.
   d. Click the **Find** button.
   e. Select the correct patient from the list that appears.
   f. Click the **OK** button.
   (The View Rx Tab for the selected patient opens in the Current Medications view.)
   g. Check that patient's name and PHIN number to ensure the correct patient is selected.

4. Check that **Allergies to Drug** field is completed.

   a. If not, click on the **Enter/Update** Tab.

   b. Enter patient's known drug allergies or state if patient has no known drug allergies.

NOTE: Drug allergy information must be entered to save a new or updated medication entry. Allergy information can be entered via the *Enter/Update* tab or the *General 2* tab on the *Patient → Demographics* menu; state if patient has no known drug allergies.

Enter allergies using the format *Allergies (Signs, symptoms).*

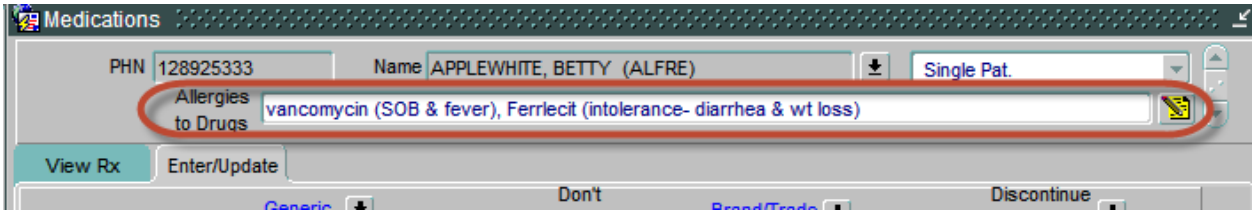


Figure 2-7: Allergies to Drugs Field

   c. Click the **OK** button.

5. Search for the Medication.

   a. Click on the **Enter/Update** Tab.

   b. Click in the **Generic** or **Brand** name field.

   c. Click on the **New Rx** button to open an empty field.

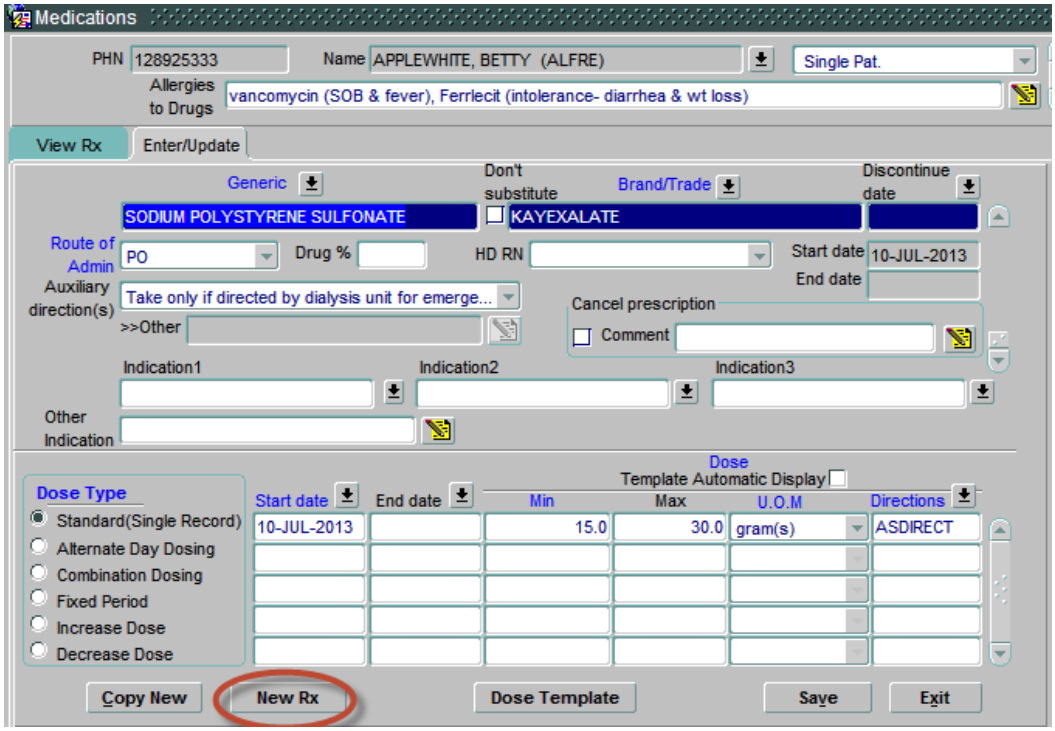


Figure 2-8: New Rx button

d. Click on the **Generic** or **Brand/Trade** name drop-down arrow.

e. Type the first 3 letters of drug name in the **Find** field.

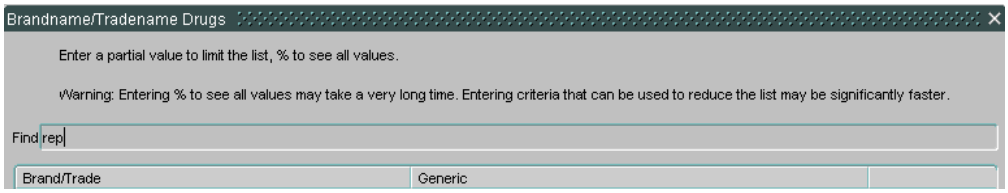

Brandname/Tradename Drugs
Enter a partial value to limit the list, % to see all values.
Warning: Entering % to see all values may take a very long time. Entering criteria that can be used to reduce the list may be significantly faster.
Find rep
Brand/Trade
Generic

Figure 2-9: Search for Drugs

f. Click the **FIND** button.

g. Select the correct medication from the list that appears.

h. Click the **OK** button.

6. Using the drop-down arrow, select the **Route of Administration**.

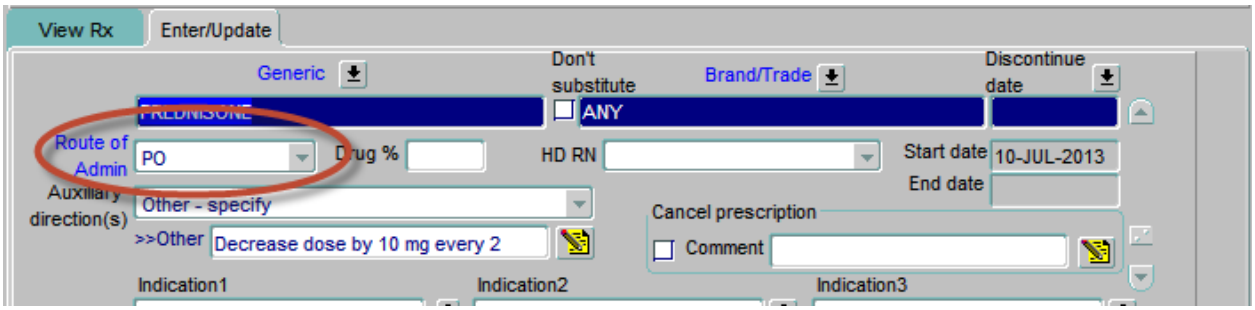


Figure 2-10: Route of Admin field

7. Select the **Standard Dose Type** button.

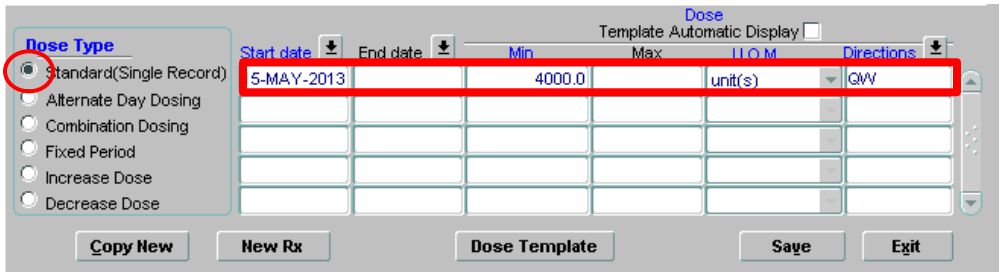


Figure 2-11: Standard Dose Type

8. Select/enter the **Start** date.

9. Enter the **Minimum** dose specified.

10. Enter the **Maximum** dose when indicated.

11. Using the drop-down arrow, select the **Unit of Measure** (**UOM)** specified.

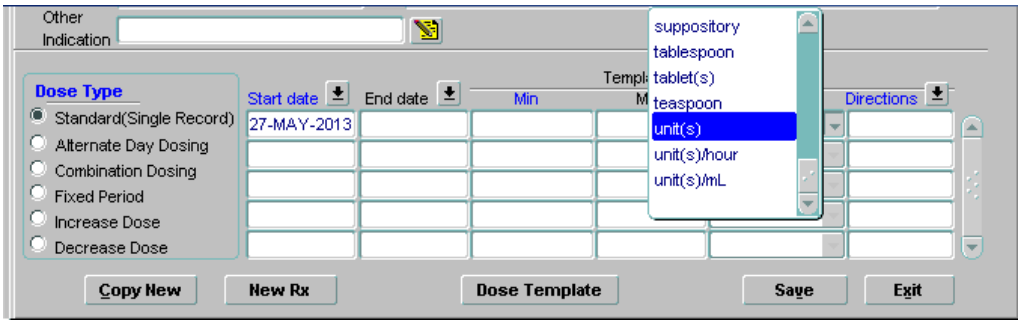


Figure 2-12: Unit of Measure List

12. Using the drop-down arrow, select the **Directions** specified.

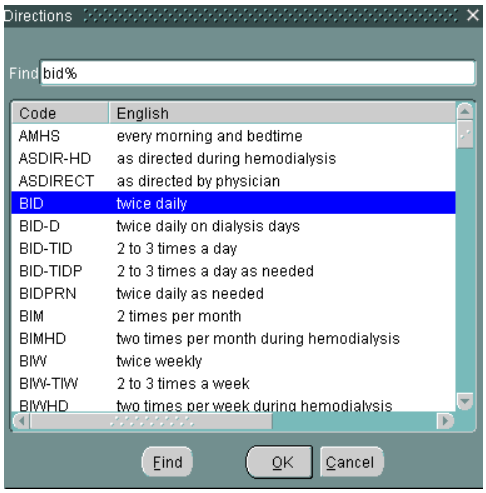

Directions
Find bid%
Code
English
AMHS every morning and bedtime
ASDIR-HD as directed during hemodialysis
ASDIRECT as directed by physician
BID twice daily
BID-D twice daily on dialysis days
BID-TID 2 to 3 times a day
BID-TIDP 2 to 3 times a day as needed
BIDPRN twice daily as needed
BIM 2 times per month
BIMHD two times per month during hemodialysis
BIW twice weekly
BIW-TIW 2 to 3 times a week
BIWHD two times per week during hemodialysis
Find
OK
Cancel

Figure 2-13: Directions List

13. Select/enter those directions not found in *Dose Directions* in the **Auxiliary directions** field.

    a. Use Drop-down arrow to select Auxiliary directions.

    b. If appropriate directions not listed select “Other-Specify” and enter appropriate directions.

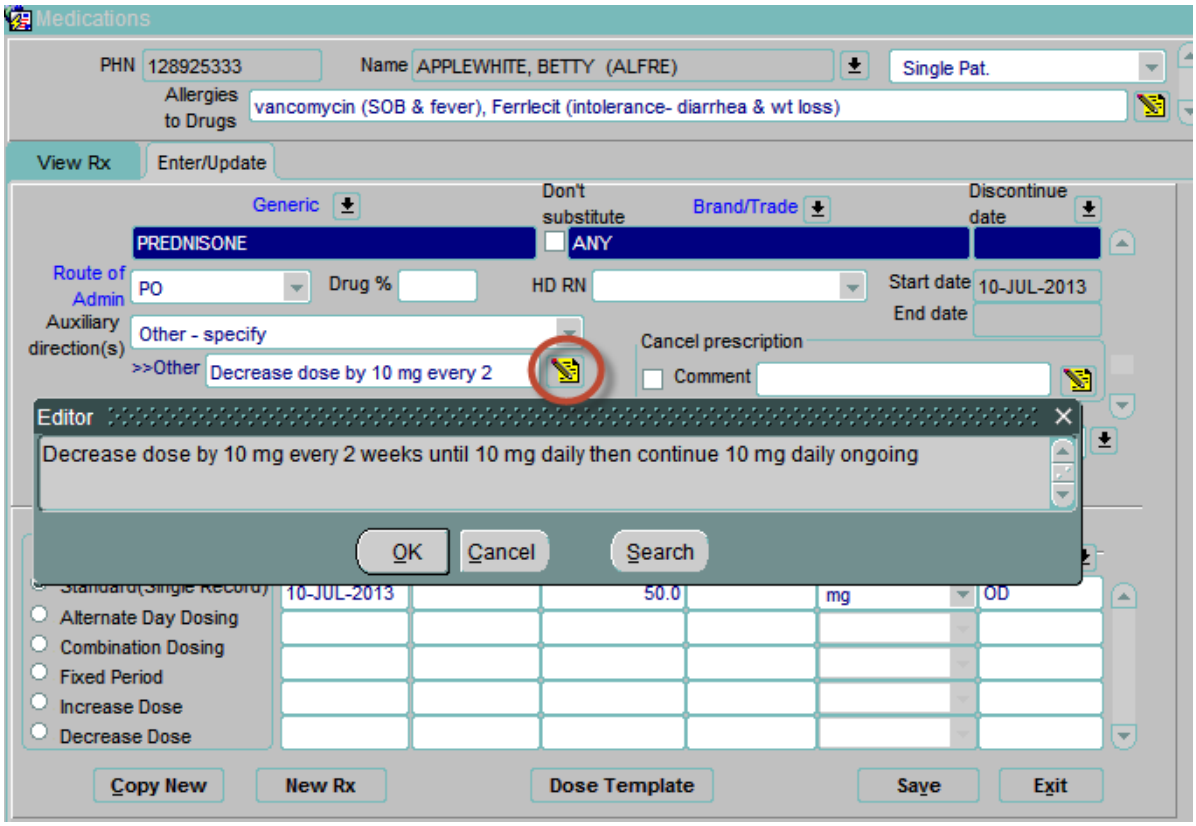


Figure 2-14: Auxiliary Directions List

14. Double-check all medication information entered for accuracy.
NOTE: Medication information, once saved, cannot be deleted, edited or corrected in the eKHR.

15. Click the **Save** button.
(The *Entered on* and *Entered by* fields at the bottom of the Medication form auto populate with the current date and the name of the person logged into the eKHR.)

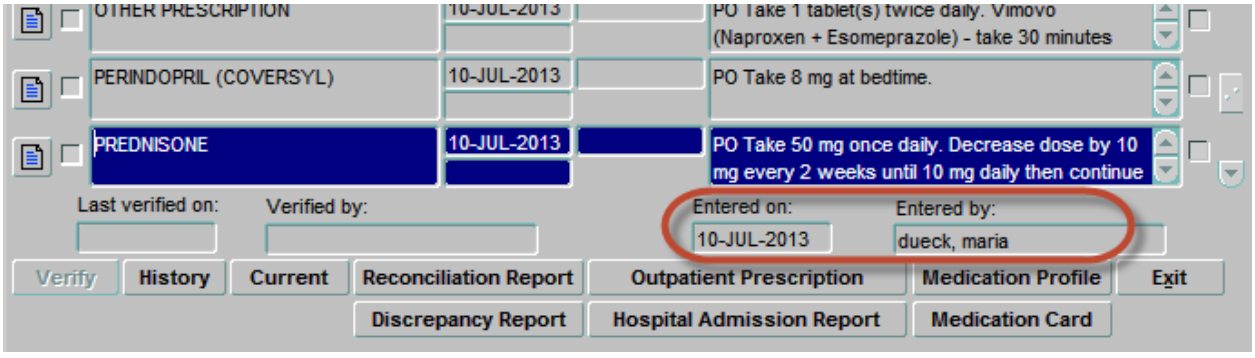


Figure 2-15: Entered on and Entered by Information

NOTE: The following dialog box appears when the medication entered is already listed as a current medication for the patient.

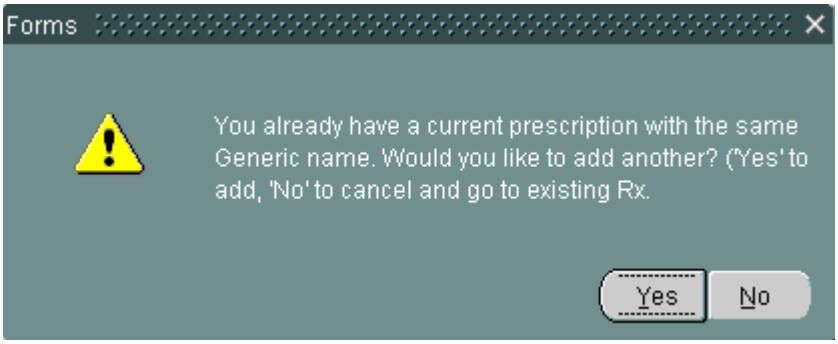

Forms
You already have a current prescription with the same Generic name. Would you like to add another? ('Yes' to add, 'No' to cancel and go to existing Rx.
Yes
No

Figure 2-16: Existing Medication Warning Message

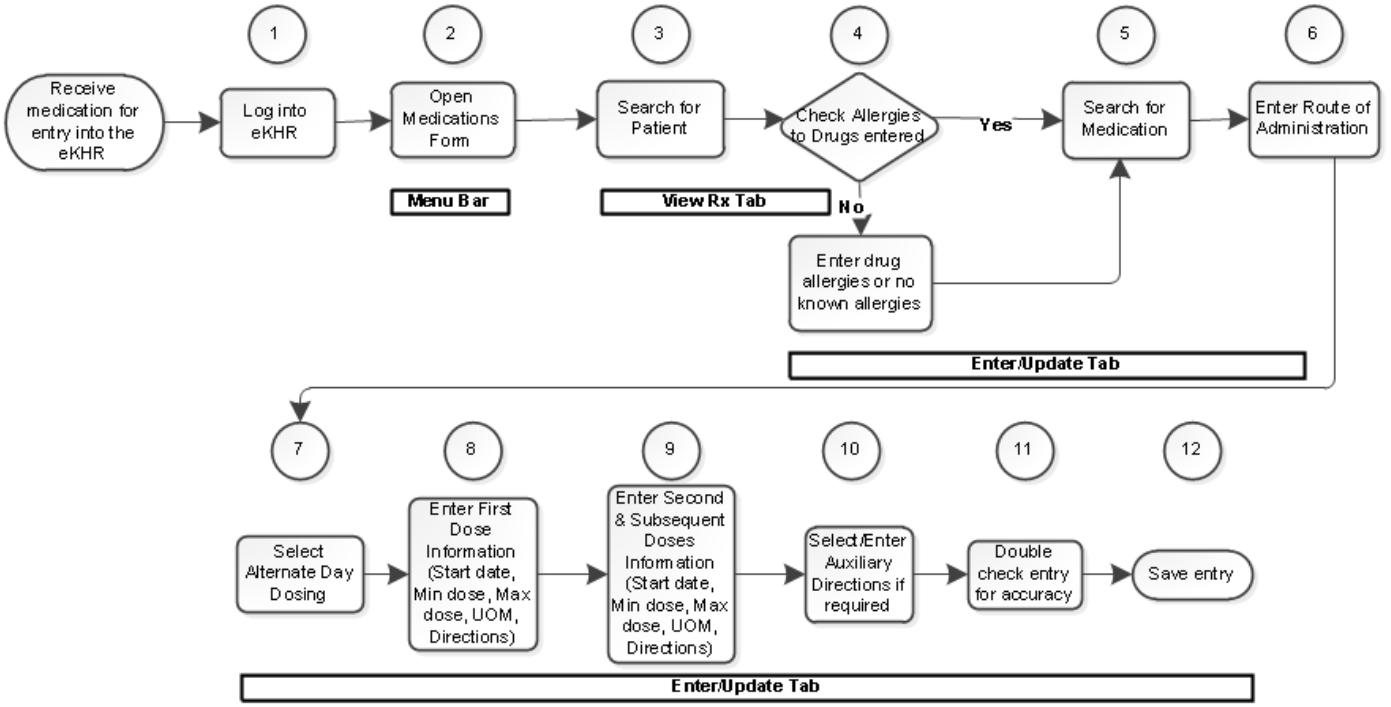
Dose Templates

The Dose Template feature of the Medications Module is not currently used.

2.2.2 Entering an Alternate Day Dosing Medication

Use these steps to enter a medication with different dosages on different days.

Process 5: Entering Alternate Day Dosing Medication



All Steps:

Follow Steps 1-6 for Entering a Standard Dose Medication, then:

7. Select the **Alternate Day Dosing** button.

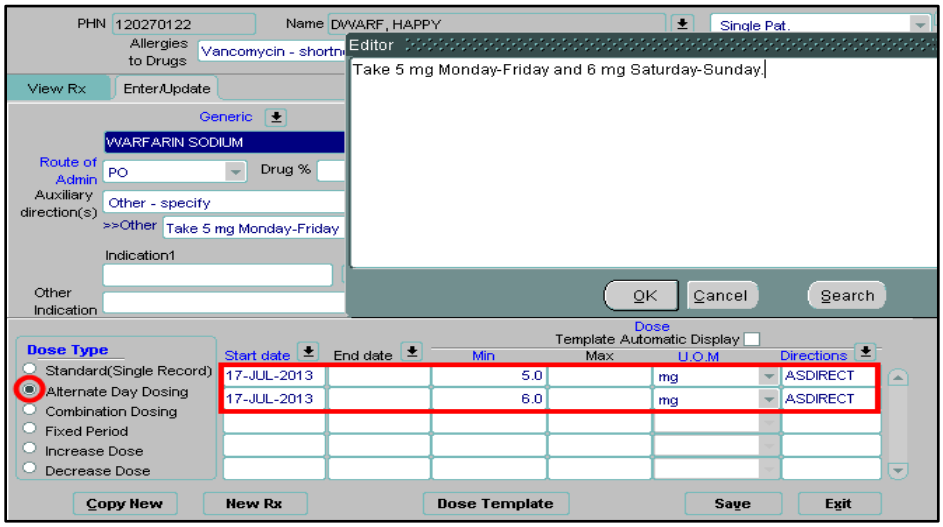


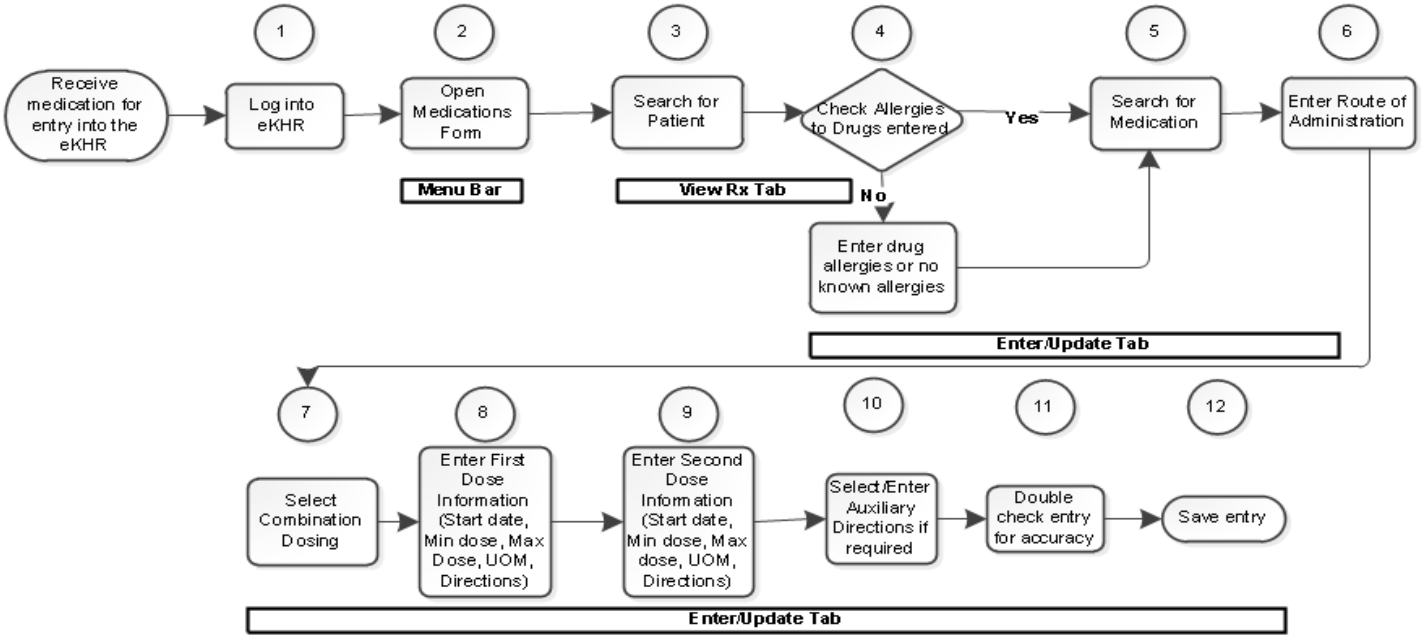
Figure 2-17: Alternate Day Dosing

8. Enter the FIRST DOSE information:
    a. Select/enter the **Start** date.
    b. Enter the **Minimum** dose.
    c. Enter the **Maximum** dose when indicated.
    d. Using the drop-down arrow, select the **Unit of Measure** (**UOM)**.
    e. Using the drop-down arrow select the **Directions** specified.
9. Enter the SECOND DOSE and subsequent doses' information
    a. Select/enter the **Start** date.
    b. Enter the **Minimum** dose.
    c. Enter the **Maximum** dose when indicated.
    d. Using the drop-down arrow, select the **Unit of Measure** (**UOM)**.
    e. Using the drop-down arrow select the **Directions** specified.
10. Enter those directions not found in Dose Directions in the **Auxiliary directions** field.
11. Double-check all medication information entered for accuracy.
    NOTE: Medication information, once saved, cannot be deleted, edited or corrected in the eKHR.
12. Click the **Save** button.
    (The *Entered on* and *Entered by* fields at the bottom of the Medication form auto populate with the current date and the name of the person logged into the eKHR.)

2.2.3 Entering a Combination Dosing Medication

Use these steps to enter a medication with different dosages at different times on the same day.

Process 6: Entering Combination Dosing Medication



All Steps:

Follow Steps 1-6 for Entering a Standard Dose Medication, then:

7. Select the **Combination Dosing** Dose Type button.

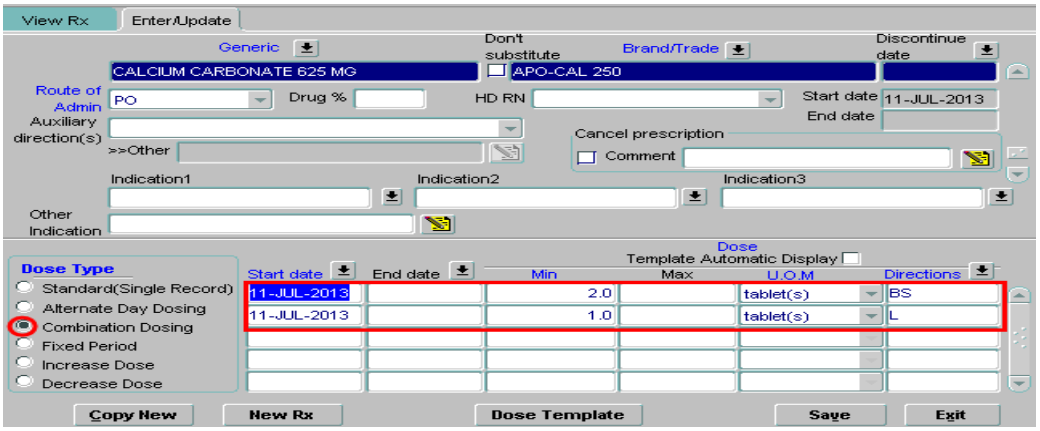


Figure 2-18: Combination Dosing

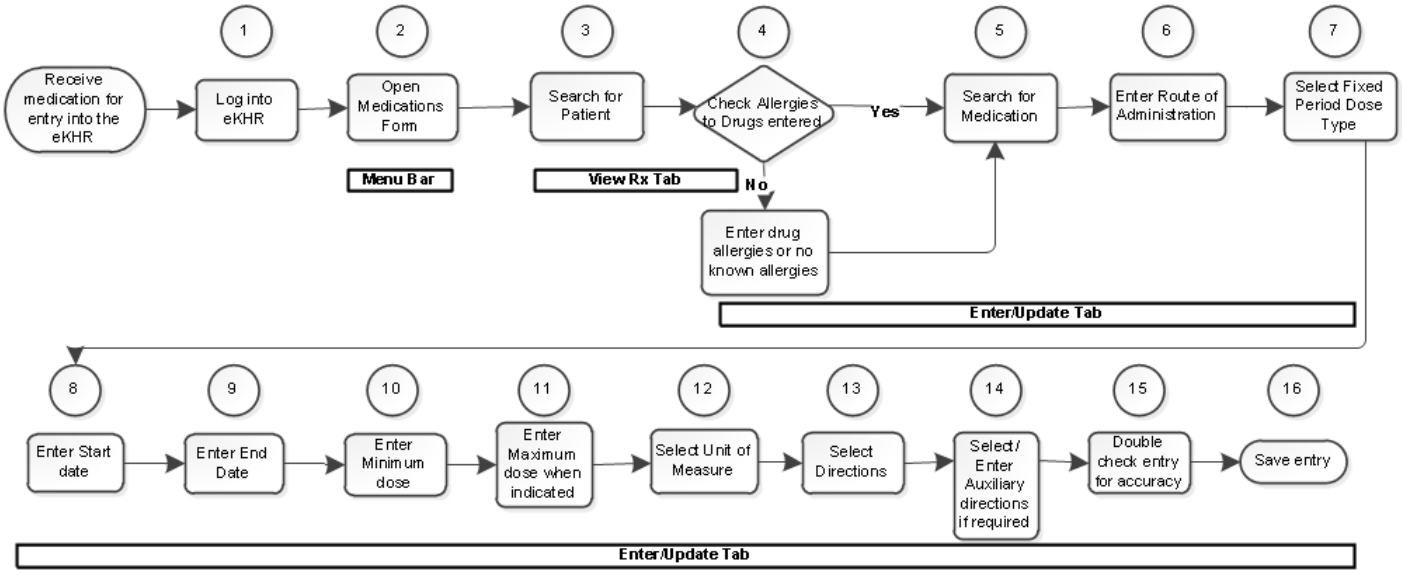
8. Enter the FIRST DOSE information:
    a. Select/enter the **Start** date.
    b. Enter the **Minimum** dose.
    c. Enter the **Maximum** dose when indicated.
    d. Using the drop-down arrow, select the **Unit of Measure** (**UOM)**.
    e. Using the drop-down arrow select the **Directions** specified.
9. Enter the SECOND DOSE and subsequent doses' information:
    a. Select/enter the **Start** date.
    b. Enter the **Minimum** dose.
    c. Enter the **Maximum** dose when indicated.
    d. Using the drop-down arrow, select the **Unit of Measure** (**UOM)**.
    e. Using the drop-down arrow select the **Directions** specified.
10. Enter those directions not found in Dose Directions using the **Auxiliary directions** field.
11. Double-check all medication information entered for accuracy.
    NOTE: Medication information, once saved, cannot be deleted, edited or corrected in the eKHR.
12. Click the **Save** button.
    (The *Entered on* and *Entered by* fields at the bottom of the Medication form auto populate with the current date and the name of the person logged into the eKHR.)

2.2.4 Entering a Fixed Period Medication

Use these steps to enter a medication given for a specified duration. An **End** date only applies when a medication is prescribed for a definite time frame e.g. antibiotics. **Start** and **End** dates are required

End dated medications will automatically expire at the appropriate date and move to the patient's medication history.

Process 7: Entering Fixed Period Medications



All Steps:

Follow Steps 1-6 for Entering a Standard Dose Medication, then:

7. Select the **Fixed Period** Dose Type button.

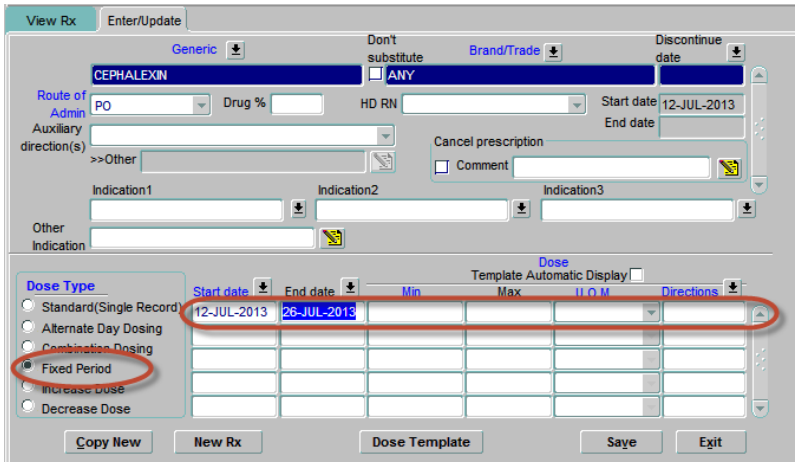


Figure 2-19: Fixed Period Medication

8. Select/enter the **Start** date.
9. Select/enter the **End date.**
10. Enter the **Minimum** dose specified.
11. Enter the **Maximum** dose when indicated.
12. Using the drop-down arrow, select the **Unit of Measure** (**UOM)** specified.
13. Using the drop-down arrow, select the **Directions** specified.
14. Enter those directions not found in Dose Directions in the **Auxiliary directions** field.
15. Double-check all medication information entered for accuracy.
    NOTE: Medication information, once saved, cannot be deleted, edited or corrected in the eKHR.
16. Click the **Save** button.
    (The *Entered on* and *Entered by* fields at the bottom of the Medication form auto populate with the current date and the name of the person logged into the eKHR.)

2.2.5 Entering an Increase or Decrease Dose Medication

NOTE: To simplify information presented on the patient's **Medications Card** the **Increase Dose** and **Decrease Dose** types are not currently used.

A medication in which there is an increase or decrease dosage over a period of time is entered as **Standard Dose**, with details regarding the increase or decrease in dosages specified in the **Auxiliary Directions** field.

2.3 Discontinuing or Updating A Medication

With most medications the directions are open-ended, meaning that possible changes are subject to events that cannot be reasonably foreseen at the time of writing the prescription. In these cases End Dates are not specified.

Changes in the patient's condition/circumstances may require that a medication be discontinued or that the dosage and/or directions for the medication be adjusted.

If discontinued, the existing medication is closed by entering a Discontinued Date.

If adjusted, the existing medication is closed by entering a Discontinued Date and a new medication is created with the same date.

NOTE: There are circumstances in which both an End Date and a Discontinued Date would both be specified.

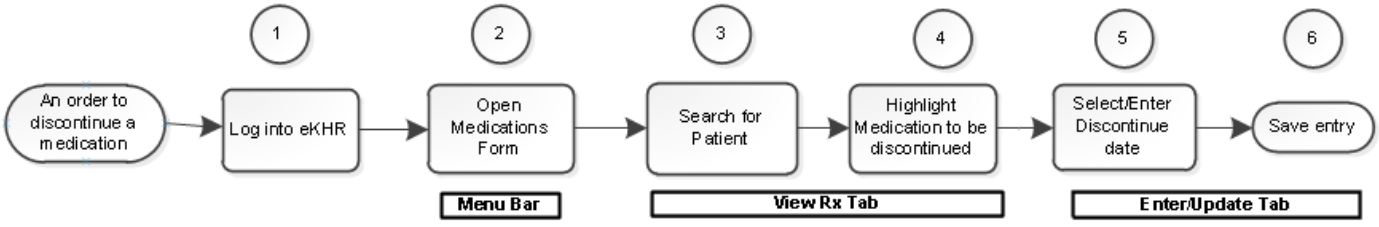
Example: The physician initially prescribes Vancomycin 500mg q dialysis x 8; however it is discontinued sooner as lab results indicate that the microorganism is sensitive to Ancef.

Start Date: 12-Jul-2013
End Date: 29-Jul-2013
Discontinued Date: 19-Jul-2013

The End Date remains 29-Jul-2013 to capture that the original prescription was for 8 doses but the patient's condition/circumstances necessitated a change.

2.3.1 Steps to Discontinue a Medication

Process 8: Discontinuing a Medication



All Steps:

1. Log into the eKHR.
2. Open the **Medications** form.
   a. Select **Monitoring → Medications**.
3. Search for the patient in the eKHR by Name or PHIN:
   a. Click on the **Name** drop-down arrow.
   (The Choose a Patient dialogue box appears.)

b. Click in the **Find** field after the **%** sign.

c. Start entering the patient's last name (the more letters entered the more refined the search) or enter the patient's PHIN.

d. Click the **Find** button.

e. Select the correct patient from the list that appears.

f. Click the **OK** button.
(The View Rx Tab for the selected patient opens in the Current Medications view.)

g. Check that patient's name and PHIN number to ensure the correct patient is selected.

4. Highlight the medication to be discontinued.

a. Find the medication to be discontinued on the **View Rx** Tab.

b. Highlight the medication to be discontinued.

c. Click on the **Enter/Update** Tab to view the selected medication.

5. Select/enter the **Discontinue Date**.

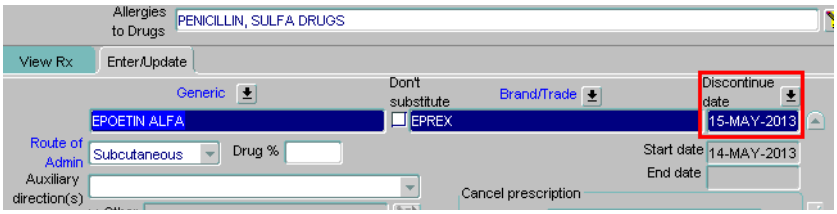
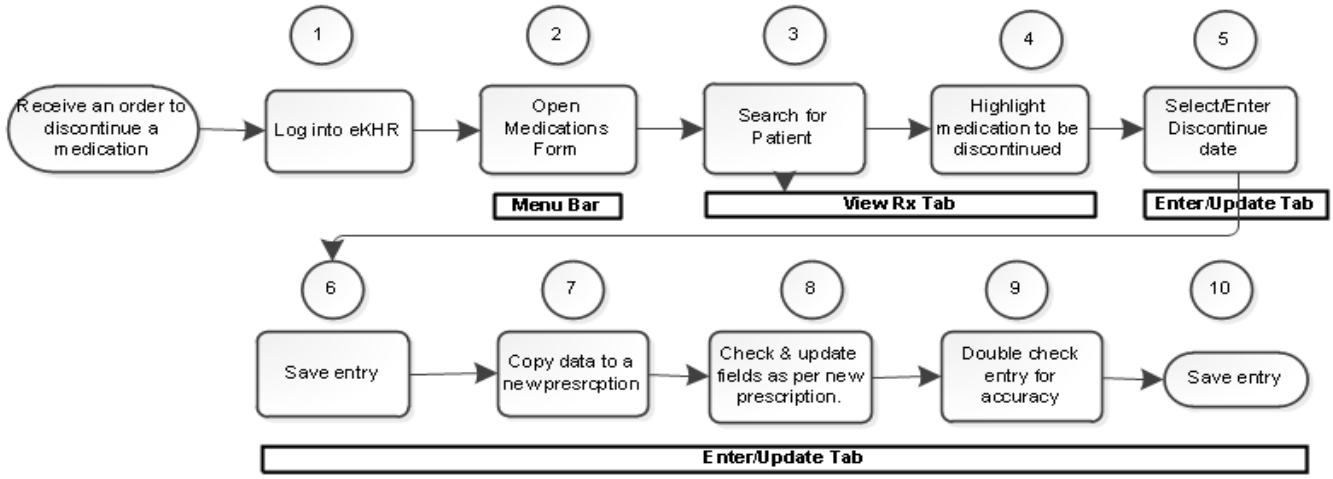


Figure 2-20: Discontinue Date

6. Click the **Save** button.

2.3.2 Steps to Update a Medication

Process 9: Updating a Medication



All Steps:

Follow Steps 1-6 to **Discontinue a Medication**, then:

7. At the bottom of the **Enter/Update** Tab, click the **Copy New** button.
   (The discontinued prescription will be copied to a new entry field with a current Start Date.)

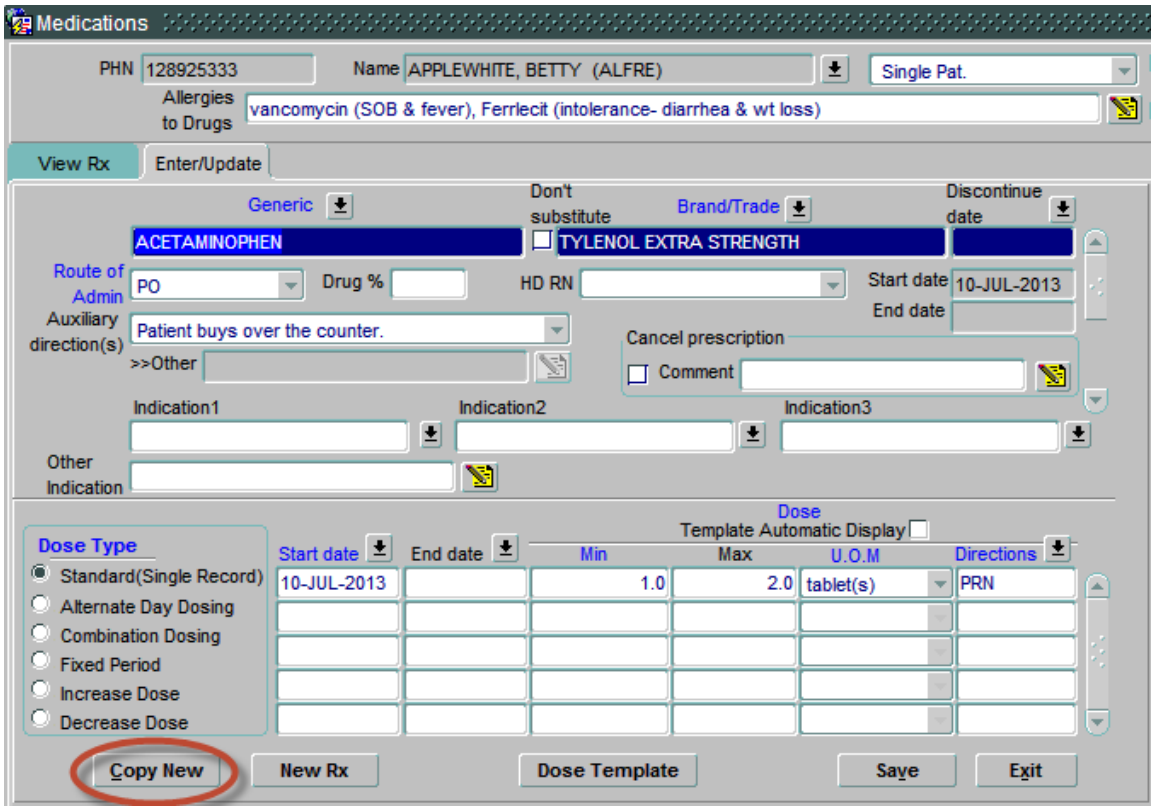


Figure 2-21: Copy Medication button

8. Check the following fields as if entering a new medication and update fields as required according to the new prescription:
   - Generic Name of medication
   - Brand/Trade Name of medication
   - Route of Administration
   - Dose Type
   - Start date
   - End date when indicated
   - Dosage details including: minimum dose, maximum dose when indicated, unit of measurement and directions for administration.
   - Auxiliary Directions
9. Double-check all medication information entered for accuracy.
   NOTE: Medication information, once saved, cannot be deleted, edited or corrected in the eKHR.
10. Click the **Save** button.

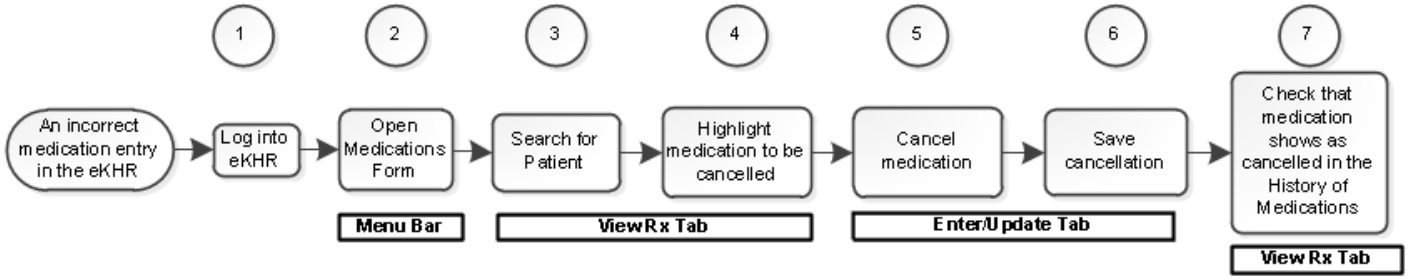
2.4 Cancelling Incorrect Medication Entries

Occasionally users make or discover incorrect medication entries. Either the medication was entered for the wrong patient or the wrong medication information was entered for the right patient (E.g. incorrect dosage, unit of measurement and/or direction). Incorrect medication entries are cancelled in the eKHR.

Medication entries, once saved, cannot be deleted, edited or corrected in the eKHR. It is important to double-check each entry before clicking the Save button. If an error is made or discovered in entering medication information after it has been saved follow the *Steps to Cancel a Medication* below.

2.4.1 Steps to Cancel a Medication

Process 10: Cancelling a Medication



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
   a. Select **Monitoring → Medications**.
3. Search for the patient in the eKHR by Name or PHIN:
   d. Click on the **Name** drop-down arrow.
   (The Choose a Patient dialogue box appears.)
   b. Click in the **Find** field after the **%** sign.
   c. Start entering the patient's last name (the more letters entered the more refined the search) or enter the patient's PHIN.
   d. Click the **Find** button.
   e. Select the correct patient from the list that appears.
   f. Click the **OK** button.
   (The View Rx Tab for the selected patient opens in the Current Medications view.)
   g. Check that patient's name and PHIN number to ensure the correct patient is selected.
4. Highlight the medication to be cancelled:
   a. On the **View Rx** Tab find the medication with the incorrect entry.
   b. Click on the medication to highlight it.
   c. Click the **Enter/Update** Tab to view the medication entry.

5. Cancel the medication.

   a. Click on the **Cancel prescription** checkbox.

   b. In the **Comments** field enter the field where the error was found, which is important information for future reference and ensuring data accuracy.

   NOTE: The comment field is limited to 50 characters.

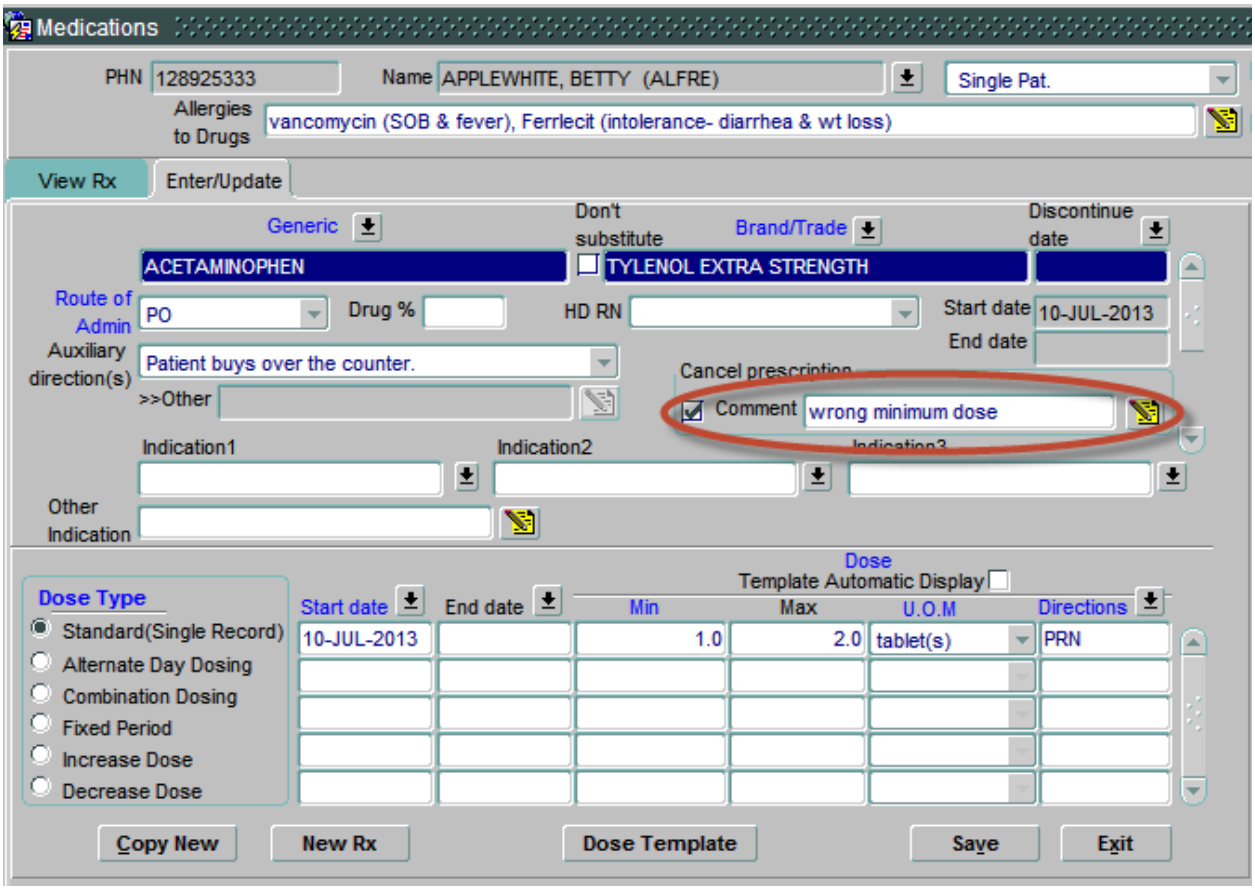


Figure 2-22: Cancel Prescription

6. Click the **Save** button.

7. Check that the medication shows as cancelled:

   a. Click on the **View Rx** tab.

   b. Click on the **History** button at the bottom of **View Rx** Tab.

   c. Click the **Show Cancelled** checkbox.
   (All cancelled medications will appear in an italicized magenta coloured font.)

   d. Check that the medication just cancelled appears.

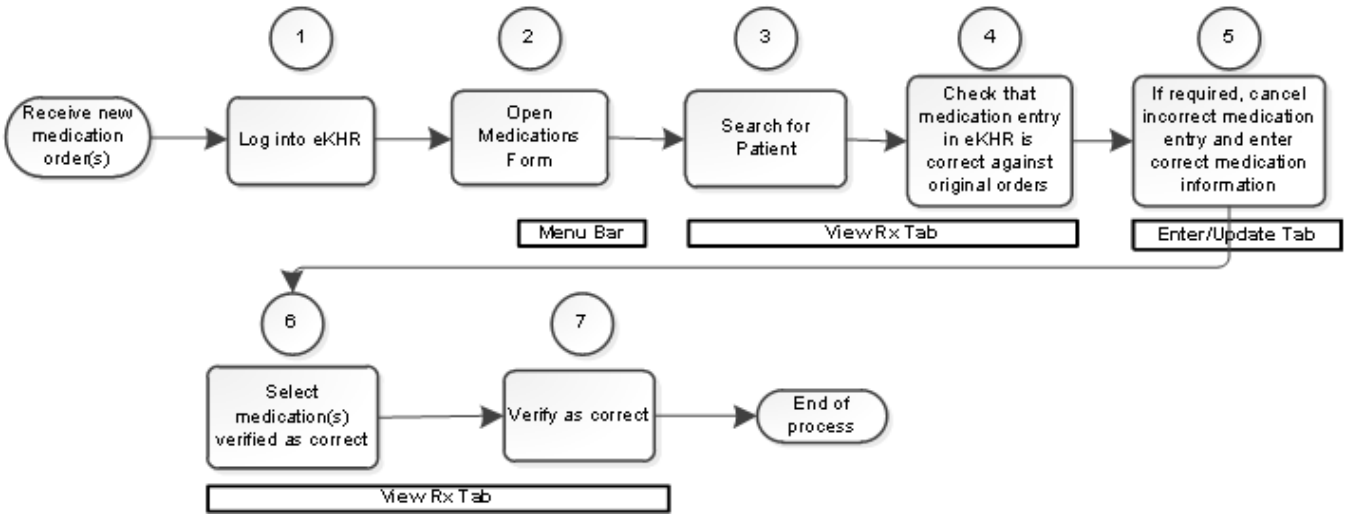
2.5 Verifying a Medication Entry in the eKHR

All medications entered into the eKHR must be verified for accuracy. Only pharmacists and physicians can electronically verify medications in the eKHR. Electronic verification can be done when pharmacists enter medications directly into the eKHR or in conjunction with medication reconciliation performed with new dialysis starts, hospital discharges, annual medication reviews and transfers between sites/modalities.

Pending electronic verification, a pharmacist, clinical resource nurse or staff nurse (trained in verification) will verify the accuracy of medication entry as reflected on the Renal Medication Profile – Current Medications; known as "paper" verification. Appendix I describes the "paper" verification process.

2.5.1 Steps to Electronically Verify a Medication Entry in the eKHR

Process 11: Electronically Verifying a Medication



All Steps:

1. Log into the eKHR.
2. Open **Medications** screen
   a. Select **Monitoring → Medications**.
3. Search for the patient in the eKHR by Name or PHIN:
   a. Click on the **Name** drop-down arrow.
   (The Choose a Patient dialogue box appears.)
   b. Click in the **Find** field after the **%** sign.
   c. Start entering the patient's last name (the more letters entered the more refined the search) or enter the patient's PHIN.
   d. Click the **Find** button.
   e. Select the correct patient from the list that appears.

f. Click the **OK** button.
(The View Rx Tab for the selected patient opens in the Current Medications view.)

g. Check that patient's name and PHIN number to ensure the correct patient is selected.

4. Check the new/unverified medication entries in the eKHR are correct against the original order(s).

5. If not correct, ensure steps are taken to *Cancel an Incorrect Medication Entry* (Section 2.4) and enter the correct information on the Medications form.

6. Select the medication(s) that have been verified as correct:

a. If verifying all current medications click on the **Verify All** checkbox.

b. If verifying a specific medication click on the checkbox beside that medication.

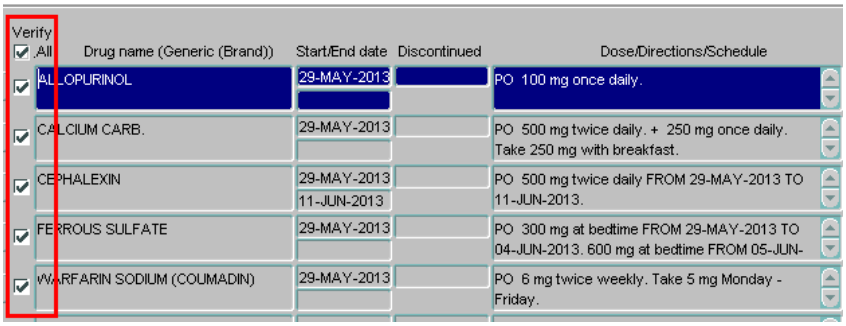


Figure 2-23: Verify Medication checkbox

7. Click on the **Verify** button. *(The fields **Last verified on** and **Verified by** will auto populate with the current date and the user's name respectively.)*

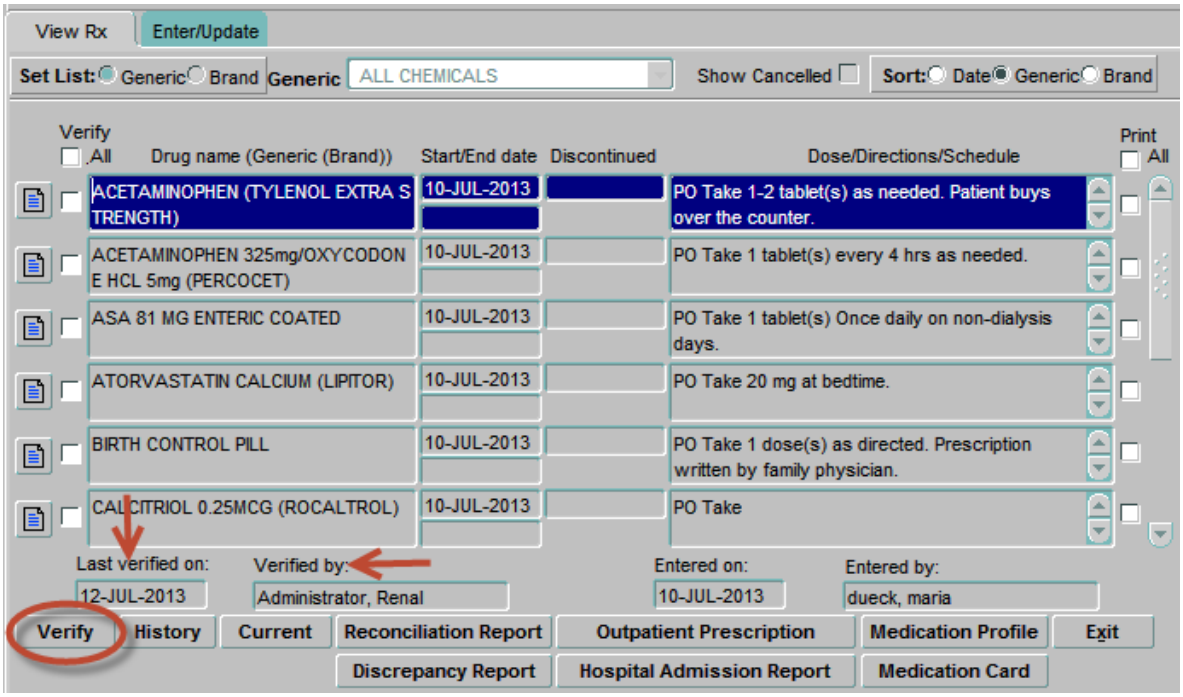


Figure 2-24: Last Verified on and Verified by Fields

3 EKHR MEDICATIONS REPORTS / FORMS

The Medications Module includes reports/forms that are used in the processes of verifying new or updated medication orders, communicating medication information to patients, community pharmacies and other providers of care.

Links to the various forms and reports are found at the bottom of the **View Rx** Tab in the *View Current Medications screen*.

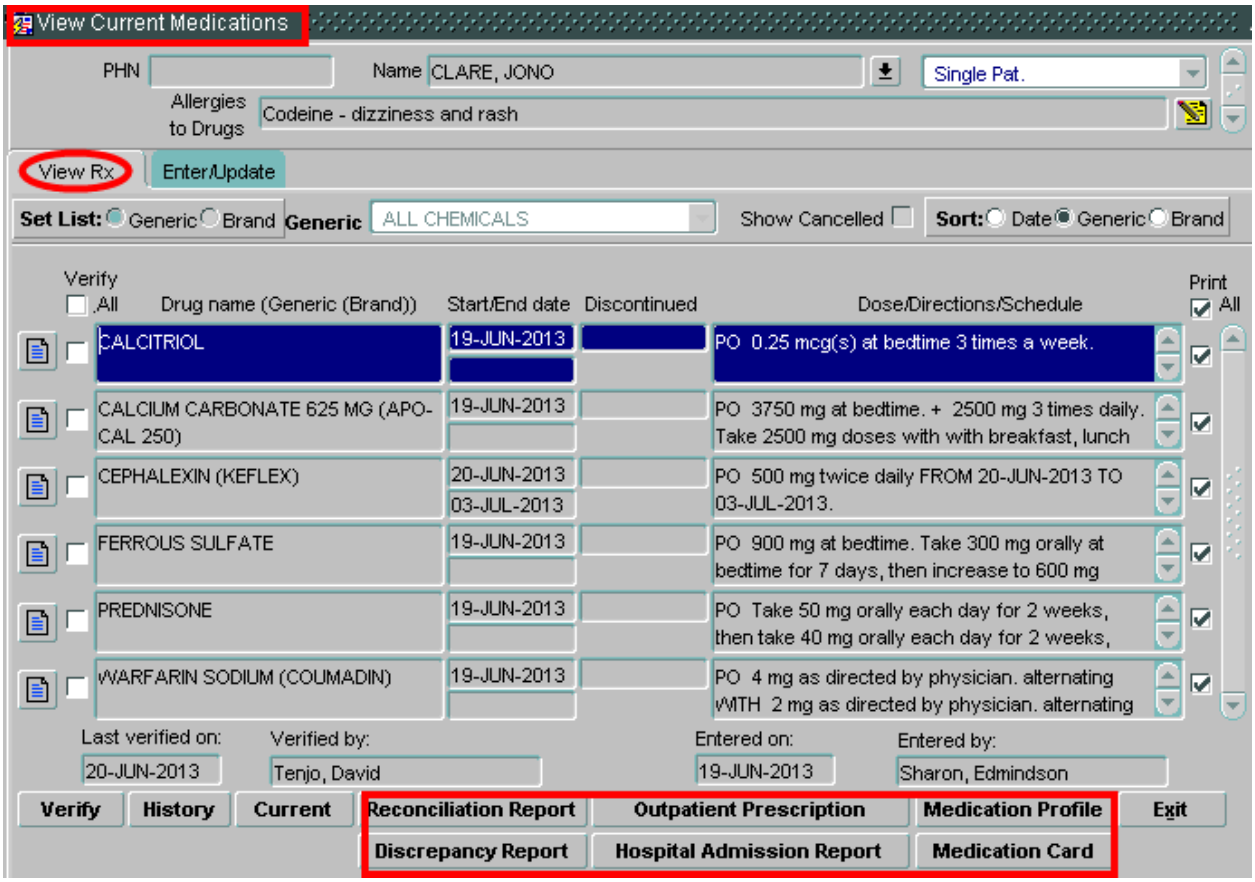


Figure 3-1: eKHR Reports / Forms buttons

3.1 Medication Reconciliation

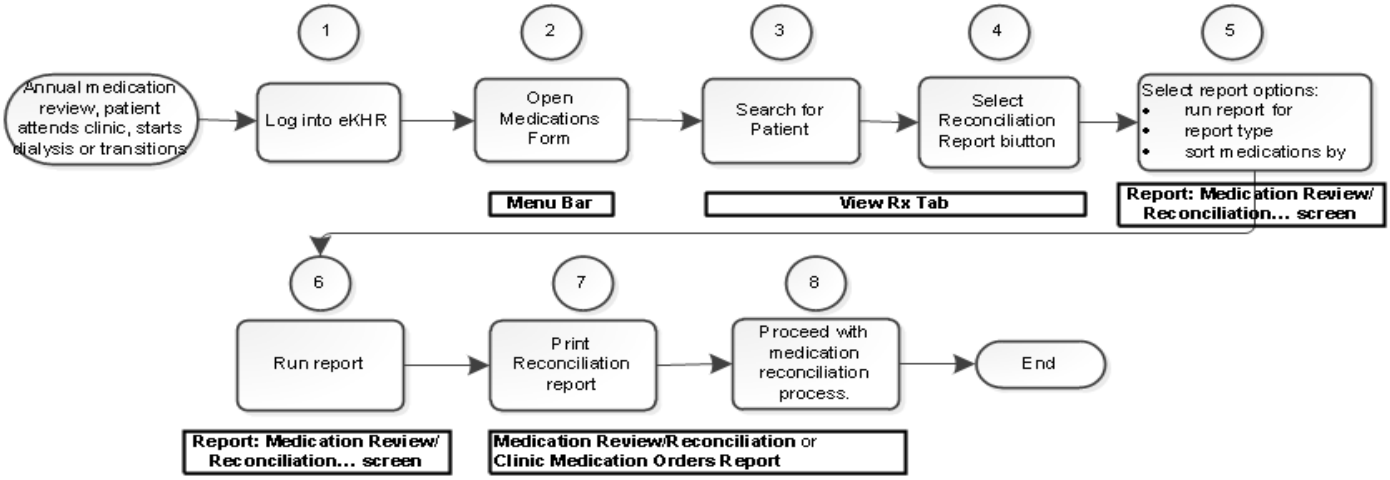
Medication reconciliation is a process that includes generating a comprehensive list of all medications the patient has been taking at healthcare transition points, identifying and documenting discrepancies and working to resolve medication discrepancies.

The eKHR generates a report/form of the patient's current medications, a tool which pharmacists use when conducting medication reconciliation as part of annual reviews of a patient's medications and when the patient attends renal clinic, starts dialysis, transitions between modalities/sites or is discharged from hospital.

Once medication reconciliation is completed pharmacists will enter/record key points about the reconciliation in the eKHR for reporting and monitoring purposes.

3.1.1 Steps to Generate a Medication Reconciliation Form

Process 12: Generating a Medication Reconciliation Form



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
3. Search for the patient in the eKHR:
   a. Check that patient's name and PHIN number are correct.
4. Select the **Reconciliation Report** button located at the bottom of the **View Rx** Tab.

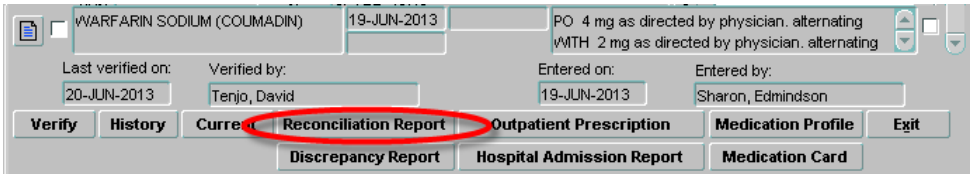


Figure 3-2: Reconciliation Report button

(The REPORT: Medication Review/Reconciliation, Clinic Medications Orders screen appears.)

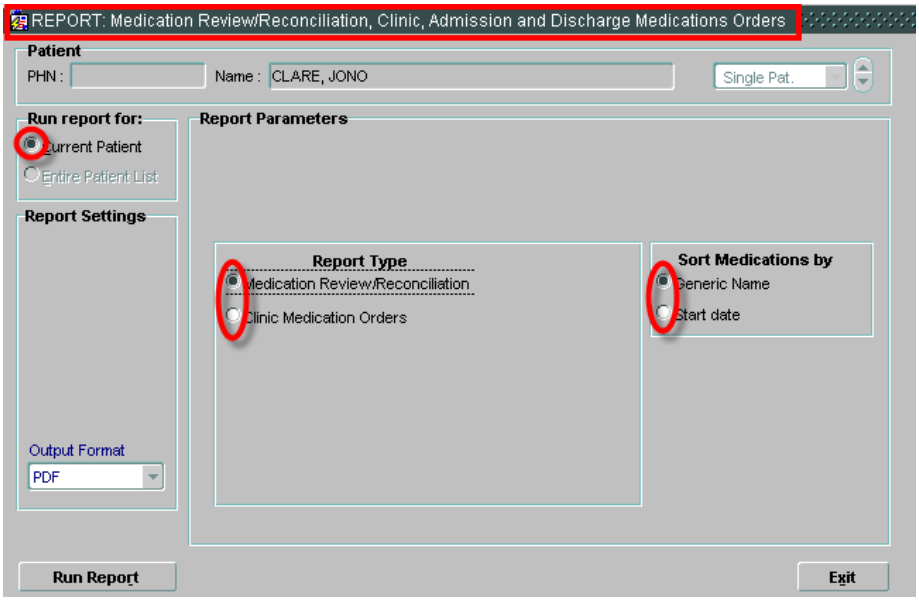
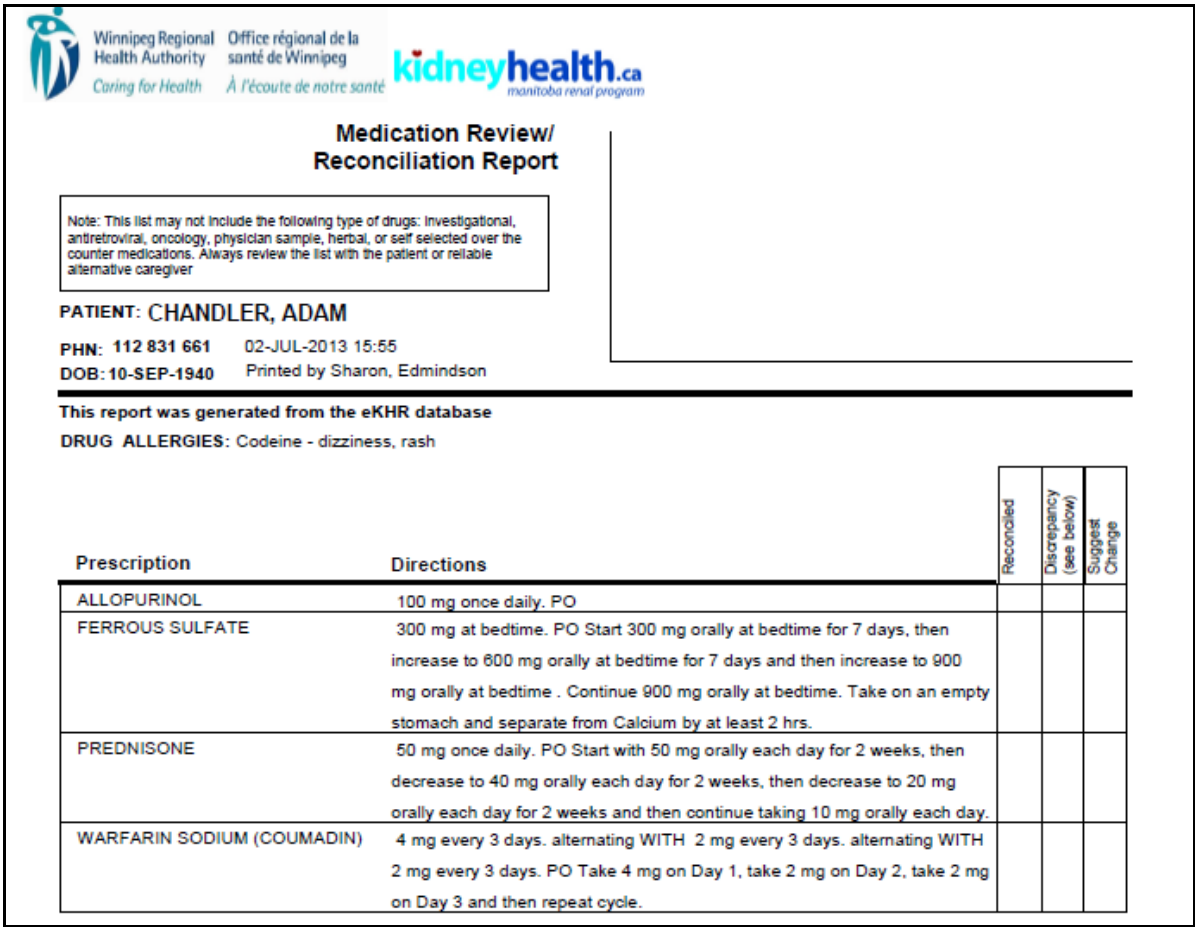


Figure 3-3: Medication Reconciliation parameters

5. Select report options as indicated above:
   a. **Run report for**: Current Patient
   b. **Report Type**: Medication Review/Reconciliation or Clinic Medication Orders
   c. **Sort Medications by**: Generic Name
6. Click **Run Report**.

   (The 2-page Medication Review/Reconciliation or Clinic Medication Orders Report/Form appears – Refer to Figure 3-4)
7. Print **Medication Review / Reconciliation** or **Clinic Medication Orders** Report.
8. Use the report to proceed with Medication Reconciliation process.

Page 1:



Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé
kidneyhealth.ca manitoba renal program

Medication Review/ Reconciliation Report

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

PATIENT: CHANDLER, ADAM

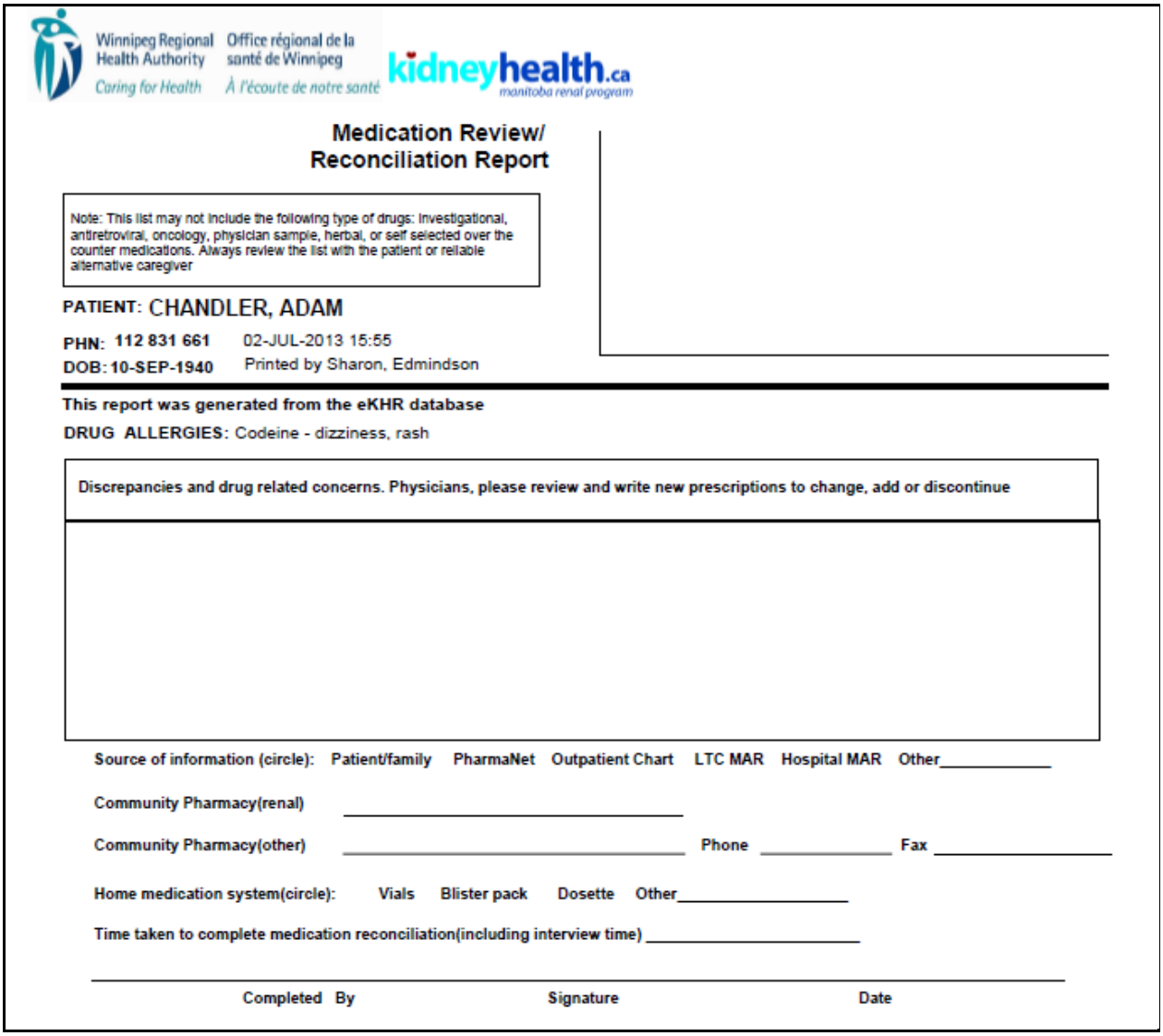
PHN: 112 831 661 02-JUL-2013 15:55
DOB: 10-SEP-1940 Printed by Sharon, Edmindson

This report was generated from the eKHR database

DRUG ALLERGIES: Codeine - dizziness, rash

Prescription	Directions	Reconciled	Discrepancy (see below)	Suggest Change
ALLOPURINOL	100 mg once daily. PO			
FERROUS SULFATE	300 mg at bedtime. PO Start 300 mg orally at bedtime for 7 days, then increase to 600 mg orally at bedtime for 7 days and then increase to 900 mg orally at bedtime . Continue 900 mg orally at bedtime. Take on an empty stomach and separate from Calcium by at least 2 hrs.			
PREDNISONE	50 mg once daily. PO Start with 50 mg orally each day for 2 weeks, then decrease to 40 mg orally each day for 2 weeks, then decrease to 20 mg orally each day for 2 weeks and then continue taking 10 mg orally each day.			
WARFARIN SODIUM (COUMADIN)	4 mg every 3 days. alternating WITH 2 mg every 3 days. alternating WITH 2 mg every 3 days. PO Take 4 mg on Day 1, take 2 mg on Day 2, take 2 mg on Day 3 and then repeat cycle.			

Page 2:



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Medication Review/ Reconciliation Report

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

PATIENT: CHANDLER, ADAM

PHN: 112 831 661 02-JUL-2013 15:55
DOB: 10-SEP-1940 Printed by Sharon, Edmindson

This report was generated from the eKHR database

DRUG ALLERGIES: Codeine - dizziness, rash

Discrepancies and drug related concerns. Physicians, please review and write new prescriptions to change, add or discontinue

Source of information (circle): Patient/family PharmaNet Outpatient Chart LTC MAR Hospital MAR Other_____

Community Pharmacy(renal) _____

Community Pharmacy(other) _____ **Phone** _____ **Fax** _____

Home medication system(circle): Vials Blister pack Dosette Other_____

Time taken to complete medication reconciliation(including interview time) _____

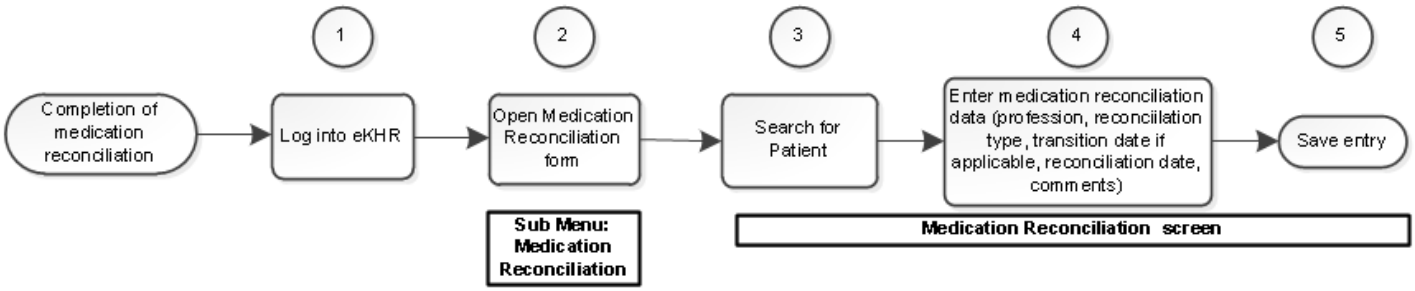
_____

Completed By **Signature** **Date**

Figure 3-4: Medication Review / Reconciliation Report (2 pages)

3.1.2 Steps to Enter Medication Reconciliation Data in the eKHR

Process 13: Entering Medication Reconciliation Data



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
   a. Select **Monitoring → Medication Reconciliation**

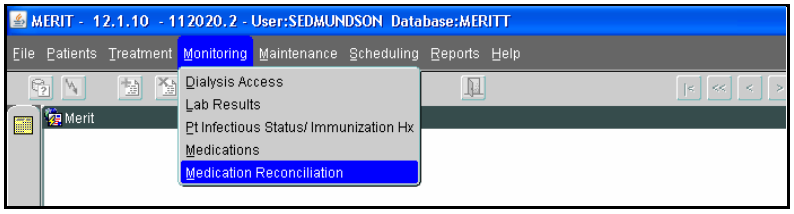


Figure 3-5: Where to Find Medication Reconciliation

(The Medication Reconciliation screen appears.)

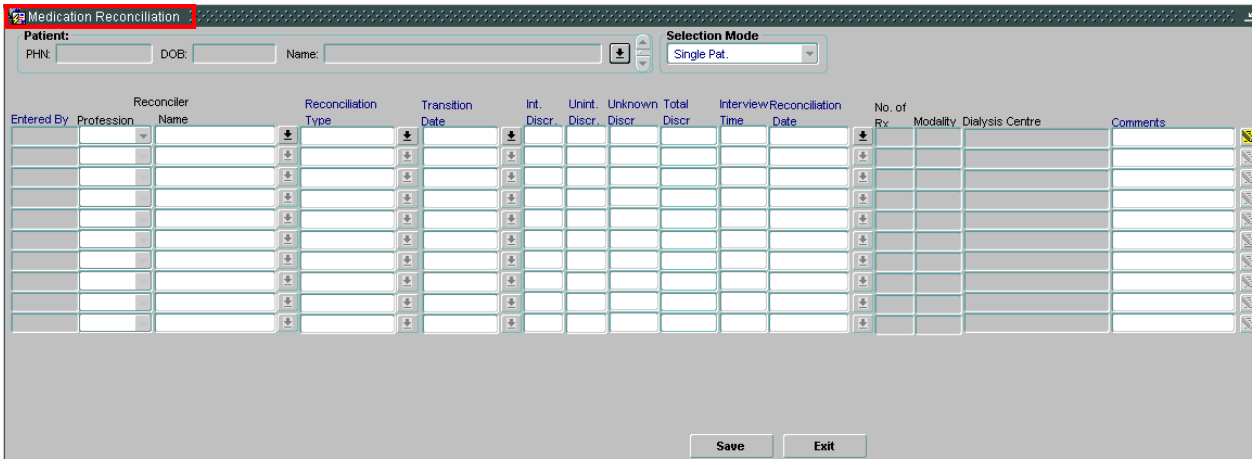


Figure 3-6: Medication Reconciliation Data Entry screen

3. Search for the patient in the eKHR:

   a. Check that patient's name and PHIN number are correct.

4. Enter the Medication Reconciliation data:
   a. **Entered by** – auto populates with name of person logged into eKHR
   b. Select **Profession** using drop-down arrow.
   c. Select **Reconciliation Type** using drop-down arrow.

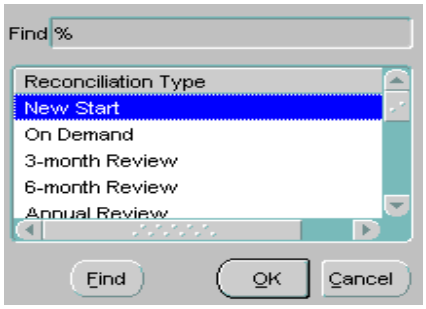


Figure 3-7: Reconciliation Type screen

   d. Enter/select **Transition Date**, if applicable.
   e. Enter/select **Reconciliation Date.**
   f. **No. of Rx** – auto populates from eKHR data.
   g. **Modality** – auto populates from eKHR data.
   h. **Dialysis Centre** - auto populates from eKHR data.
   i. Enter **Comments** as required on the reconciliation completed for this patient.

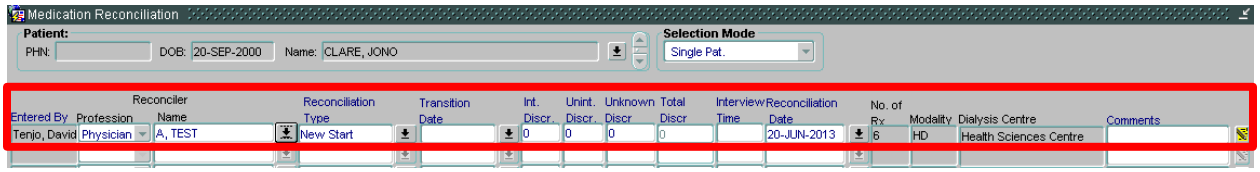


Figure 3-8: Medication Reconciliation Data fields

5. Click the **Save** button to complete the documentation of the reconciliation process.

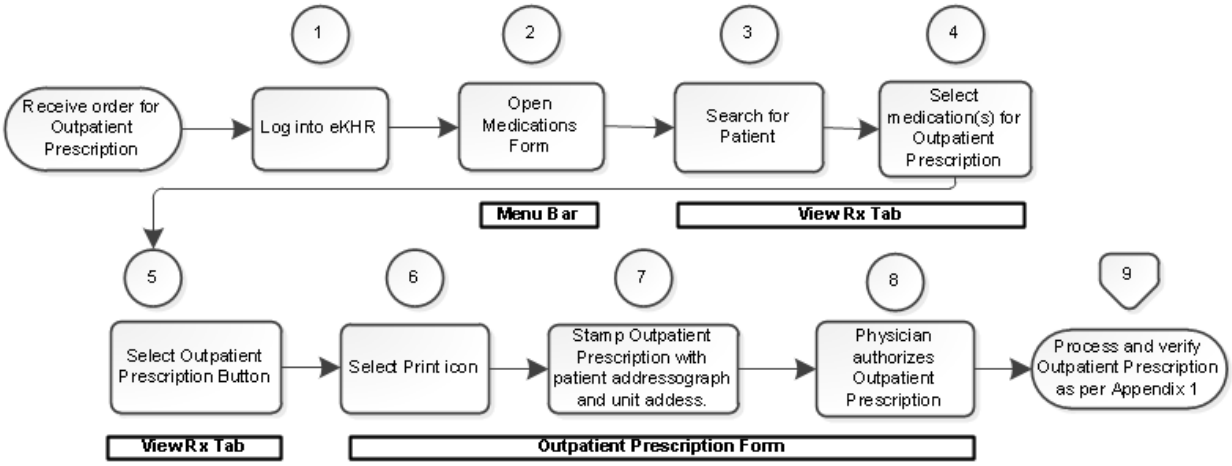
3.2 Outpatient Prescription

Pharmacists can use the eKHR to generate a Manitoba Renal Program Outpatient Prescription form, which when printed and authorized is used to order outpatient medication(s).

NOTE: Pharmacists can only generate an Outpatient Prescription after a medication has been verified in the eKHR.

3.2.1 Steps to Generate an Outpatient Prescription

Process 14: Generating an Outpatient Prescription



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
3. Search for the patient in the eKHR:
   a. Check that patient's name and PHIN number are correct.
4. Select the medication(s) to be included in the **Outpatient Prescription**:
   a. To include all current medications click the **Print All** checkbox or
   b. To include only specific medications click the print checkbox next to those medication(s).

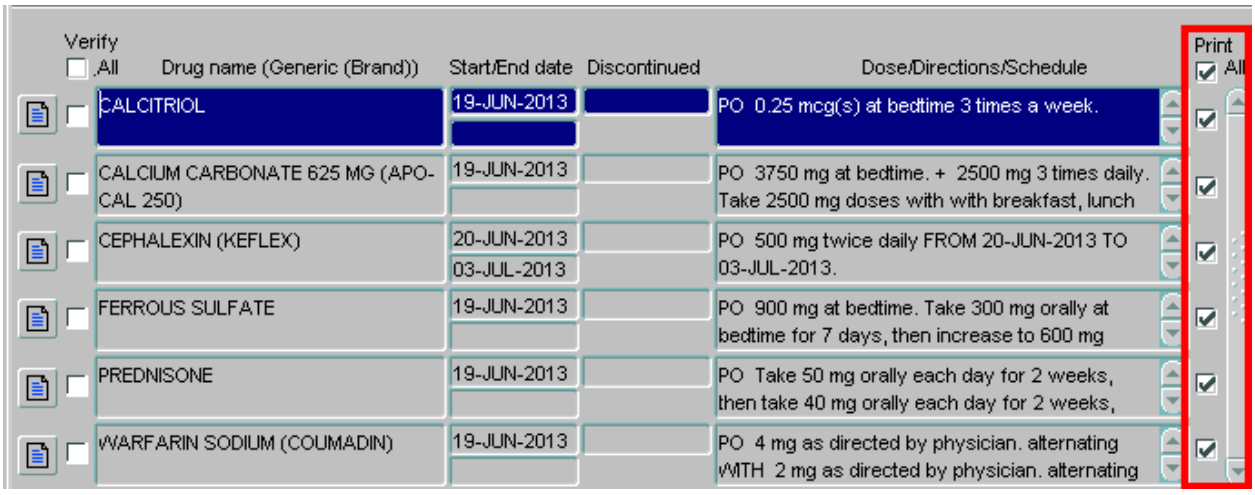

Verify
All
Drug name (Generic (Brand))
Start/End date
Discontinued
Dose/Directions/Schedule
Print
All
CALCITRIOL
19-JUN-2013
PO 0.25 mcg(s) at bedtime 3 times a week.
CALCIUM CARBONATE 625 MG (APO-CAL 250)
19-JUN-2013
PO 3750 mg at bedtime. + 2500 mg 3 times daily. Take 2500 mg doses with with breakfast, lunch
CEPHALEXIN (KEFLEX)
20-JUN-2013
03-JUL-2013
PO 500 mg twice daily FROM 20-JUN-2013 TO 03-JUL-2013.
FERROUS SULFATE
19-JUN-2013
PO 900 mg at bedtime. Take 300 mg orally at bedtime for 7 days, then increase to 600 mg
PREDNISONE
19-JUN-2013
PO Take 50 mg orally each day for 2 weeks, then take 40 mg orally each day for 2 weeks,
WARFARIN SODIUM (COUMADIN)
19-JUN-2013
PO 4 mg as directed by physician. alternating WITH 2 mg as directed by physician. alternating

Figure 3-9: Print Prescription checkboxes

5. Select the **Outpatient Prescription** button located at the bottom of the **View Rx** Tab.

Figure 3-10: Outpatient Prescription button

(The Manitoba Renal Program Outpatient Prescription form appears – Refer to Figure 3-12.)

6. Print **Outpatient Prescription** Report.

7. Stamp the **Outpatient Prescription** with:

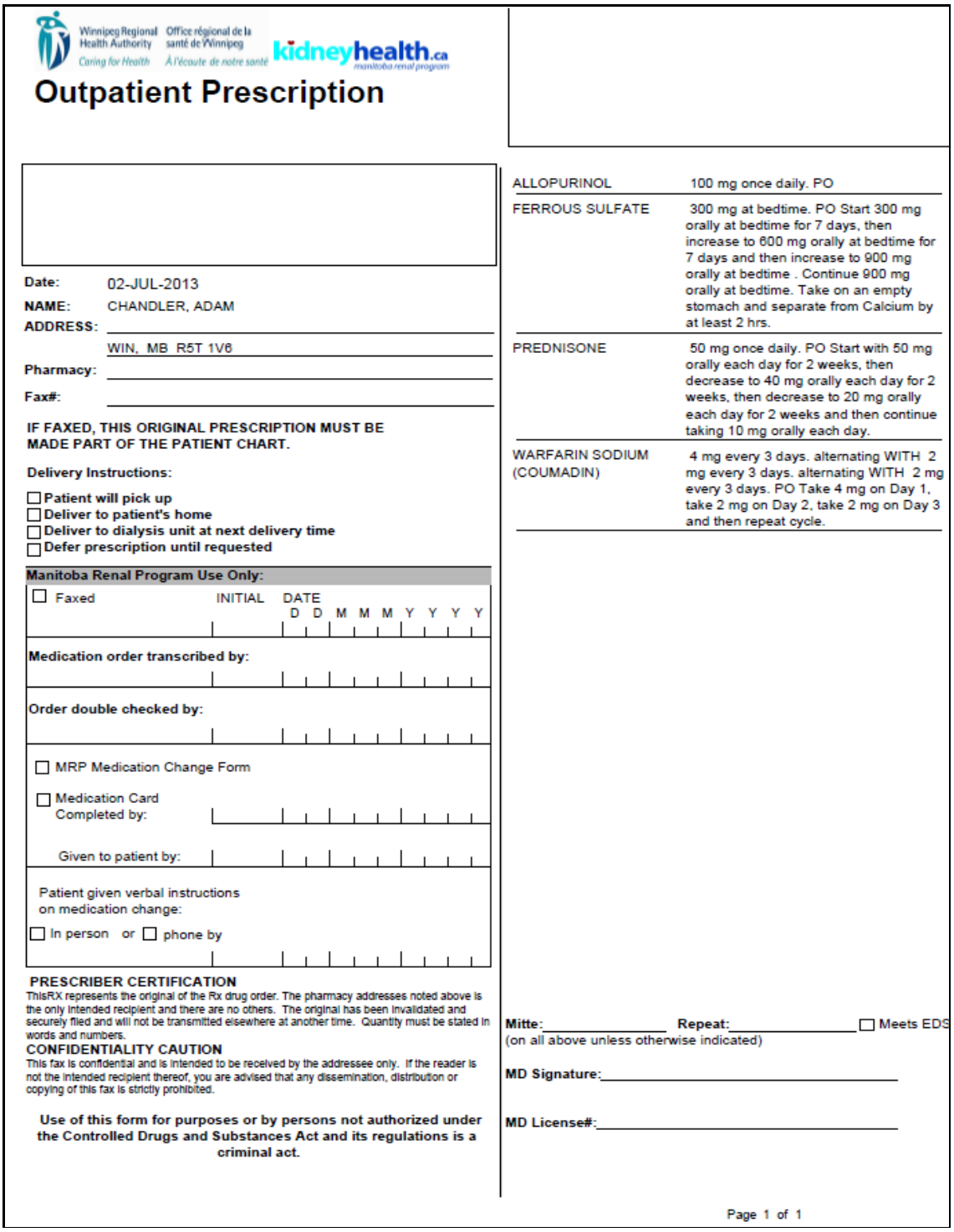
   a. Patient's addressograph information
   b. Unit's address stamp

kidneyhealth.ca
Outpatient Prescription
ALLOPURINOL
100 mg once daily. PO
FERROUS SULFATE
300 mg at bedtime. PO Start 300 mg orally at bedtime for 7 days, then increase to 600 mg orally at bedtime for 7 days and then increase to 900 mg orally at bedtime . Continue 900 mg orally at bedtime. Take on an empty stomach and separate from Calcium by at least 2 hrs.
PREDNISONE
50 mg once daily. PO Start with 50 mg orally each day for 2 weeks, then decrease to 40 mg orally each day for 2 weeks, then decrease to 20 mg orally
Date:
02-JUL-2013
NAME:
CHANDLER, ADAM
ADDRESS:
WIN, MB R5T 1V6
Pharmacy:
Fax#:

Figure 3-11: Stamping Outpatient Prescription

8. Have a physician authorize the outpatient prescription.

9. Follow steps for processing and "paper" verifying Outpatient Medications outlined in Appendix 1.



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Outpatient Prescription

Date: 02-JUL-2013
NAME: CHANDLER, ADAM
ADDRESS: WIN, MB R5T 1V6
Pharmacy:
Fax#:

IF FAXED, THIS ORIGINAL PRESCRIPTION MUST BE MADE PART OF THE PATIENT CHART.

Delivery Instructions:

- ☐ Patient will pick up
- ☐ Deliver to patient's home
- ☐ Deliver to dialysis unit at next delivery time
- ☐ Defer prescription until requested

Manitoba Renal Program Use Only:

☐ Faxed — INITIAL — DATE (D D M M M Y Y Y Y)

Medication order transcribed by:

Order double checked by:

☐ MRP Medication Change Form

☐ Medication Card Completed by:

Given to patient by:

Patient given verbal instructions on medication change:

☐ In person or ☐ phone by

PRESCRIBER CERTIFICATION

ThisRX represents the original of the Rx drug order. The pharmacy addresses noted above is the only intended recipient and there are no others. The original has been invalidated and securely filed and will not be transmitted elsewhere at another time. Quantity must be stated in words and numbers.

CONFIDENTIALITY CAUTION

This fax is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this fax is strictly prohibited.

Use of this form for purposes or by persons not authorized under the Controlled Drugs and Substances Act and its regulations is a criminal act.

ALLOPURINOL	100 mg once daily. PO
FERROUS SULFATE	300 mg at bedtime. PO Start 300 mg orally at bedtime for 7 days, then increase to 600 mg orally at bedtime for 7 days and then increase to 900 mg orally at bedtime . Continue 900 mg orally at bedtime. Take on an empty stomach and separate from Calcium by at least 2 hrs.
PREDNISONE	50 mg once daily. PO Start with 50 mg orally each day for 2 weeks, then decrease to 40 mg orally each day for 2 weeks, then decrease to 20 mg orally each day for 2 weeks and then continue taking 10 mg orally each day.
WARFARIN SODIUM (COUMADIN)	4 mg every 3 days. alternating WITH 2 mg every 3 days. alternating WITH 2 mg every 3 days. PO Take 4 mg on Day 1, take 2 mg on Day 2, take 2 mg on Day 3 and then repeat cycle.

Mitte: _____ **Repeat:** _____ ☐ Meets EDS
(on all above unless otherwise indicated)

MD Signature: _____

MD License#: _____

Page 1 of 1

Figure 3-12: Outpatient Prescription Form

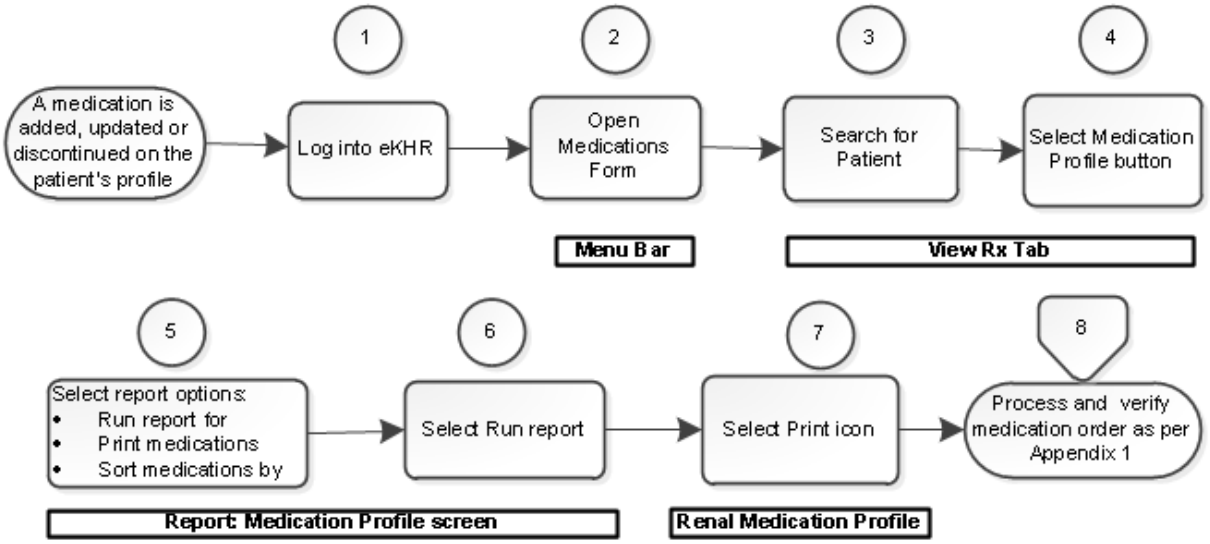
3.3 Renal Medication Profile

The Renal Medication Profile provides a patient's complete current or historical view of medication record.

NOTE: The Renal Medication Profile – Current Medications is used as the record of current medications in the renal health record, replacing the Renal Medication Flow Sheet.

3.1.1 Steps to Generate a Renal Medication Profile

Process 15: Generating a Renal Medication Profile



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
   a. Select **Monitoring → Medications**.

   (The View RX Tab opens and the View Current Medications screen appears.)
3. Search for the patient in the eKHR:
   a. Check that patient's name and PHIN number are correct.
4. Select the **Medication Profile** button located at the bottom of the **View Rx** Tab

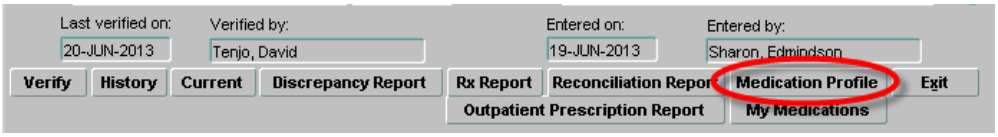


Figure 3-13: Medication Profile Button

(The Report: Medication Profile screen appears.)

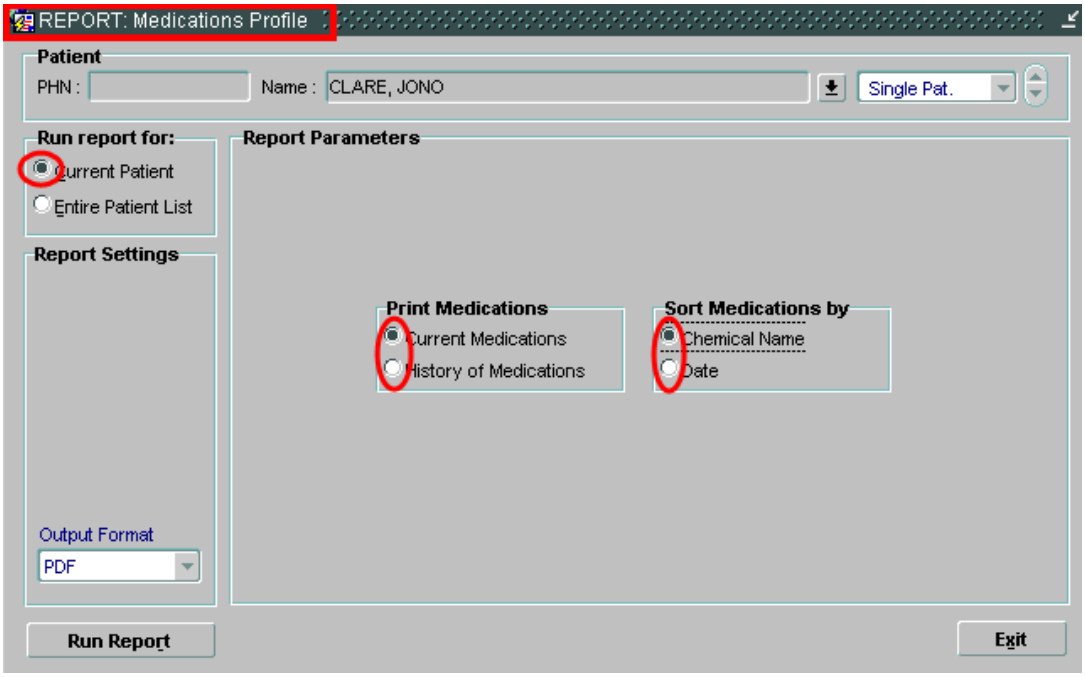


Figure 3-14: Medication Profile parameters

5. Select report options as indicated above:
   a. **Run report for**: Current Patient
   b. **Print Medications**: Current Medications
   c. **Sort Medications by**: Chemical Name
6. Click **Run Report** button.

   (The Renal Medication Profile- Current Medications appears - refer to Figure 3-15)

7. Print Renal Medication Profile – Current Medications.
8. Follow steps for processing and "paper" verifying medication order entry into the eKHR as outlined in Appendix 1.

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Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 02-JUL-13
Printed by: SHARON, EDMINDSON

Allergies: Codeine - dizziness, rash

PHN: 112 831 661 **NAME:** CHANDLER, ADAM **DOB:** 10-SEP-1940

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
No Data.				

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
29-MAY-13			ALLOPURINOL	100 mg once daily. PO
29-MAY-13			CALCIUM CARB.	500 mg twice daily. + 250 mg once daily. PO Take 250 mg with breakfast.Take 500 mg with lunch and supper.
02-JUL-13			FERROUS SULFATE	300 mg at bedtime. PO Start 300 mg orally at bedtime for 7 days, then increase to 600 mg orally at bedtime for 7 days and then increase to 900 mg orally at bedtime . Continue 900 mg orally at bedtime. Take on an empty stomach and separate from Calcium by at least 2 hrs.
02-JUL-13			PREDNISONE	50 mg once daily. PO Start with 50 mg orally each day for 2 weeks, then decrease to 40 mg orally each day for 2 weeks, then decrease to 20 mg orally each day for 2 weeks and then continue taking 10 mg orally each day.
02-JUL-13			WARFARIN SODIUM (COUMADIN)	4 mg every 3 days. alternating WITH 2 mg every 3 days. alternating WITH 2 mg every 3 days. PO Take 4 mg on Day 1, take 2 mg on Day 2, take 2 mg on Day 3 and then repeat cycle.

Page 1 of 1

Verified by :(signature/date)

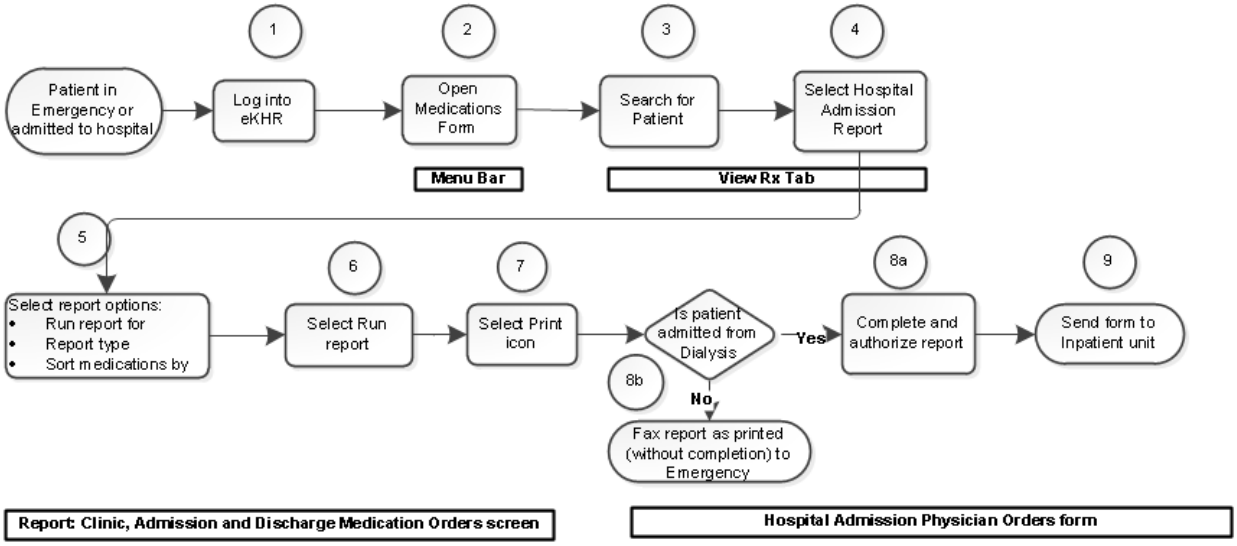
Figure 3-15: Renal Medication Profile – Current Medications

3.4 Hospital Admission Physician Orders Report

The Hospital Admission Report is used to communicate information regarding the patient's medications to other providers of care in the event that the patient presents to Emergency or is admitted to an inpatient unit.

3.4.1 Steps to Generate a Hospital Admission Physician Orders Report

Process 16: Generating a Hospital Admission Orders Report



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
   a. Select **Monitoring → Medications**.

   (The View RX Tab opens and the View Current Medications screen appears.)
3. Search for the patient in the eKHR:
   a. Check that patient's name and PHIN number are correct.
4. Select the **Hospital Admission Report** button located at the bottom of the **View Rx** Tab

Figure 3-16: Hospital Admissions Report button

(The Report: Clinic, Admission and Discharge Medication Orders screen appears.)

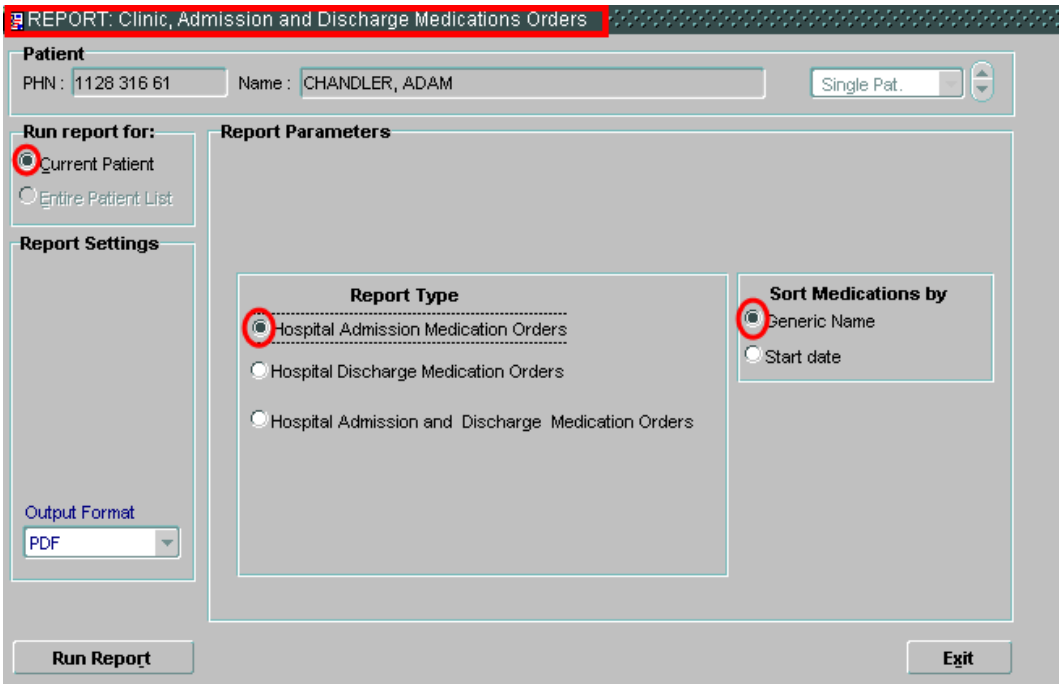


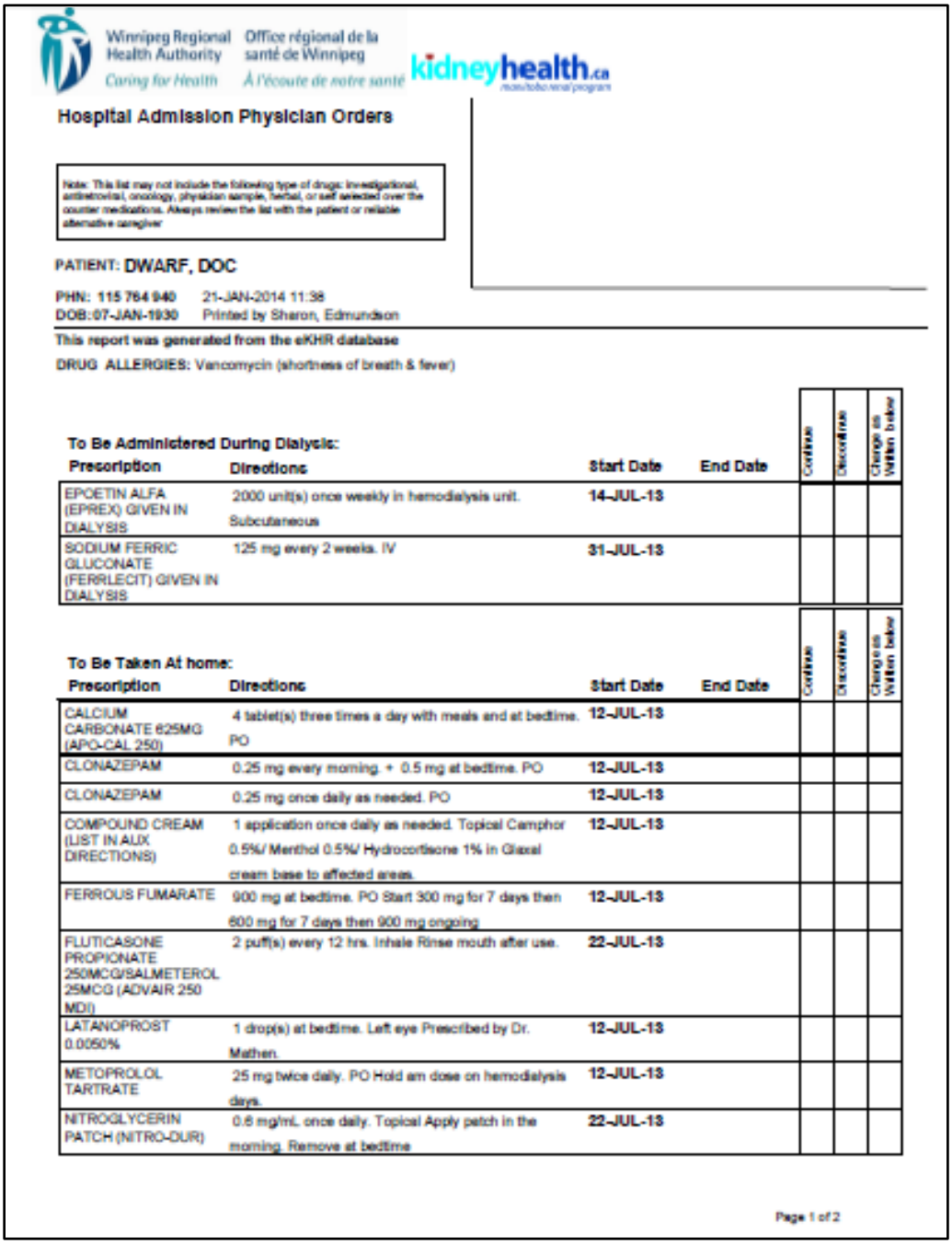
Figure 3-17: Hospital Admission Orders Report parameters

5. Select report options as indicated above:
   a. **Run report for**: Current Patient
   b. **Report Type**: Hospital Admission Medication Orders
   c. **Sort Medications by**: Generic Name
6. Click **Run Report** button.

(The Hospital Admission Physician Orders appears – refer to Figure: 3-18)

7. Click the **Print** icon.
8. Is the patient being admitted directly from dialysis:
   a. If yes, complete and authorize the **Hospital Admission Physician Orders** form.
   b. If no, provide the **Hospital Admission Physician Orders** form as printed to Emergency.
9. If admitted, send completed **Hospital Admission Physician Orders** form as part of the admission package with the patient to the unit.

Page 1:



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kidneyhealth.ca

Hospital Admission Physician Orders

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

PATIENT: DWARF, DOC

PHN: 115 764 940 21-JAN-2014 11:38
DOB: 07-JAN-1930 Printed by Sharon, Edmundson

This report was generated from the eKHR database

DRUG ALLERGIES: Vancomycin (shortness of breath & fever)

To Be Administered During Dialysis:

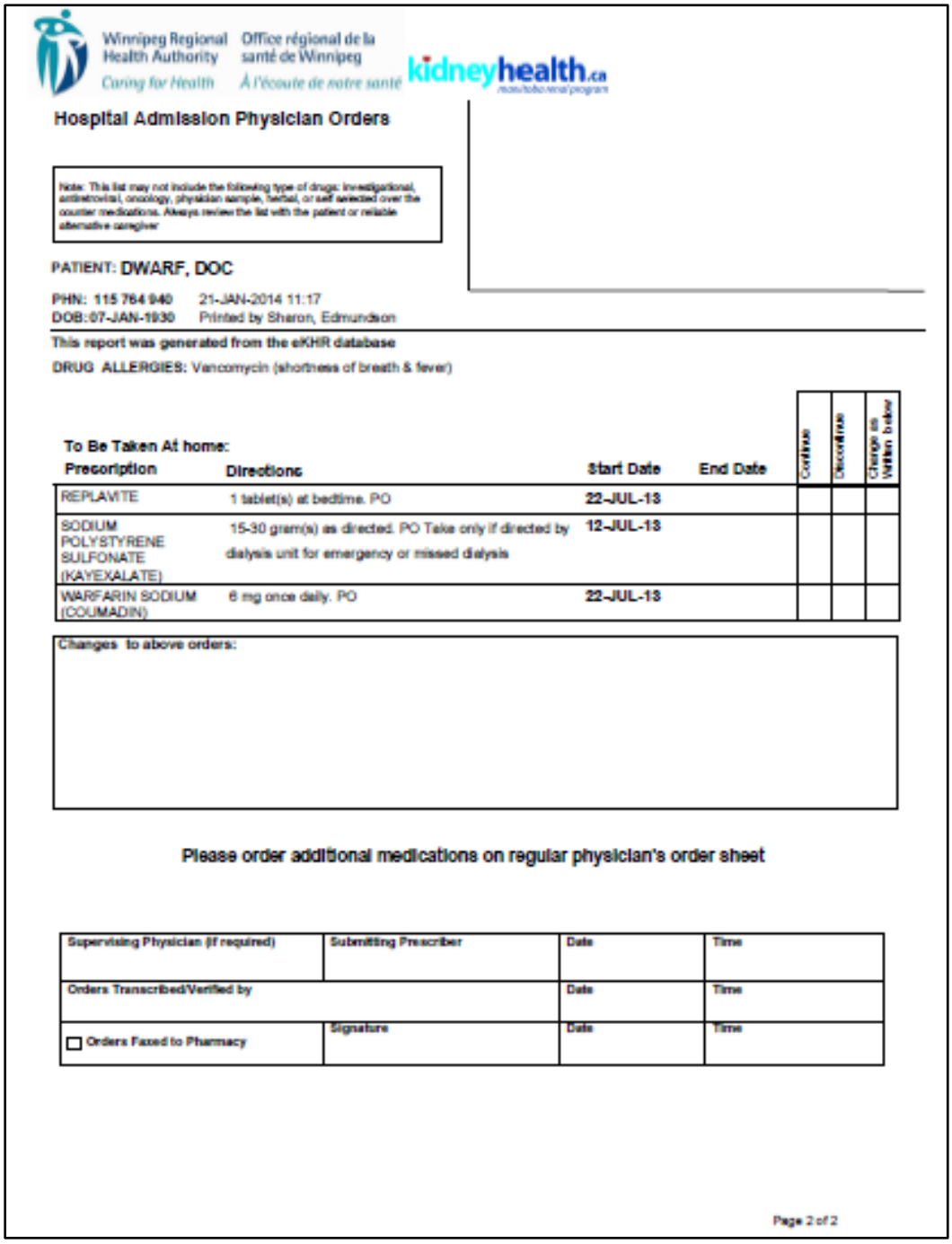
Prescription	Directions	Start Date	End Date	Continue	Discontinue	Change as Written below
EPOETIN ALFA (EPREX) GIVEN IN DIALYSIS	2000 unit(s) once weekly in hemodialysis unit. Subcutaneous	14-JUL-13				
SODIUM FERRIC GLUCONATE (FERRLECIT) GIVEN IN DIALYSIS	125 mg every 2 weeks. IV	31-JUL-13				

To Be Taken At home:

Prescription	Directions	Start Date	End Date	Continue	Discontinue	Change as Written below
CALCIUM CARBONATE 625MG (APO-CAL 250)	4 tablet(s) three times a day with meals and at bedtime. PO	12-JUL-13				
CLONAZEPAM	0.25 mg every morning. + 0.5 mg at bedtime. PO	12-JUL-13				
CLONAZEPAM	0.25 mg once daily as needed. PO	12-JUL-13				
COMPOUND CREAM (LIST IN AUX DIRECTIONS)	1 application once daily as needed. Topical Camphor 0.5%/ Menthol 0.5%/ Hydrocortisone 1% in Glaxal cream base to affected areas.	12-JUL-13				
FERROUS FUMARATE	900 mg at bedtime. PO Start 300 mg for 7 days then 600 mg for 7 days then 900 mg ongoing	12-JUL-13				
FLUTICASONE PROPIONATE 250MCG/SALMETEROL 25MCG (ADVAIR 250 MDI)	2 puff(s) every 12 hrs. Inhale Rinse mouth after use.	22-JUL-13				
LATANOPROST 0.005%	1 drop(s) at bedtime. Left eye Prescribed by Dr. Mathen.	12-JUL-13				
METOPROLOL TARTRATE	25 mg twice daily. PO Hold am dose on hemodialysis days.	12-JUL-13				
NITROGLYCERIN PATCH (NITRO-DUR)	0.6 mg/mL once daily. Topical Apply patch in the morning. Remove at bedtime	22-JUL-13				

Page 1 of 2

Page 2:



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Hospital Admission Physician Orders

Note: This list may not include the following type of drugs: investigational, antiretrovirals, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

PATIENT: DWARF, DOC

PHN: 115 764 940 21-JAN-2014 11:17
DOB: 07-JAN-1930 Printed by Sharon, Edmundson

This report was generated from the eKHR database

DRUG ALLERGIES: Vancomycin (shortness of breath & fever)

To Be Taken At home:

Prescription	Directions	Start Date	End Date	Continue	Discontinue	Change as Written below
REPLAVITE	1 tablet(s) at bedtime. PO	22-JUL-13				
SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	15-30 gram(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis	12-JUL-13				
WARFARIN SODIUM (COUMADIN)	6 mg once daily. PO	22-JUL-13				

Changes to above orders:

Please order additional medications on regular physician's order sheet

Supervising Physician (if required)	Submitting Prescriber	Date	Time
Orders Transcribed/Verified by		Date	Time
☐ Orders Faxed to Pharmacy	Signature	Date	Time

Page 2 of 2

Figure 3-18: Hospital Admission Physician Orders report (2 pages)

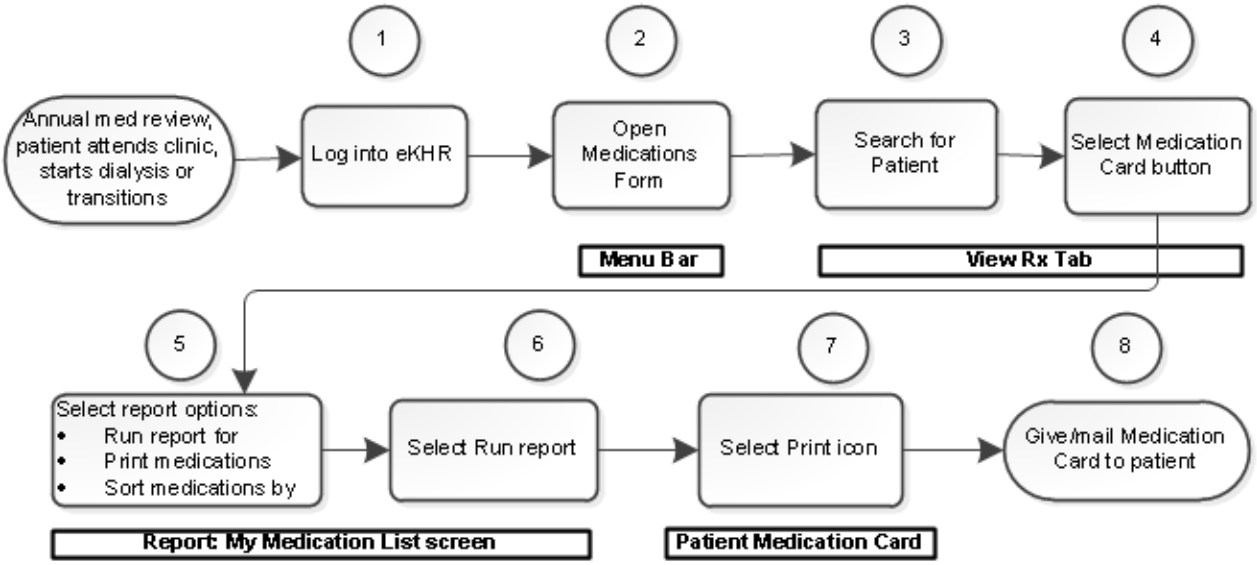
3.5 Patient Medication Card

Pharmacists can use the eKHR to generate a Patient Medication Card following the completion of medication reconciliation, done at annual reviews of a patient's medications and when the patient attends renal clinic, starts dialysis, transitions between modalities/sites or is discharged from hospital.

The Patient Medication Card provides a complete list of medications the patient should be taking.

3.5.1 Steps to Generate a Patient Medication Card

Process 17: Generating a Patient Medication Card



All Steps:

1. Log into the eKHR.
2. Open **Medications** form.
3. Search for the patient in the eKHR:
   a. Check that patient's name and PHIN number are correct.
4. Select the **Medication Card** button located at the bottom of the **View Rx** Tab

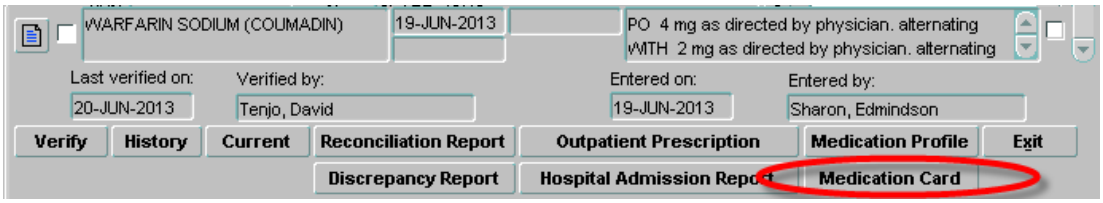


Figure 3-19: Patient Medication Card button

(The Report: My Medication List appears.)

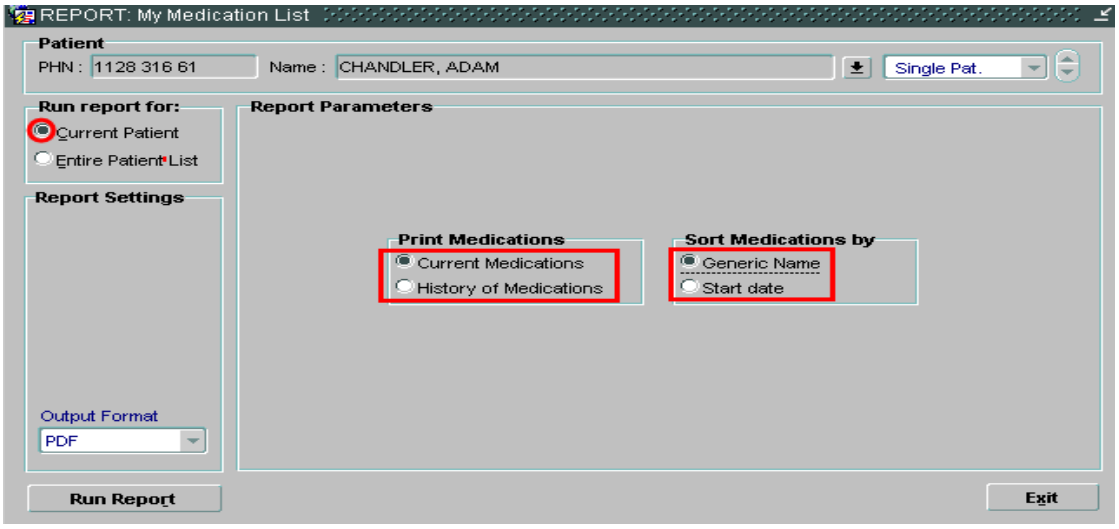


Figure 3-20: Patient Medication Card parameters

5. Select report options as indicated above:
   a. **Run report for**: Current Patient
   b. **Print Medications**: Current Medications
   c. **Sort Medications by**: Generic Name
6. Click **Run Report** button.

(The Patient Medication Card appears – refer to Figure: 3-21)

7. Click the **Print** icon.
8. Give/mail the **Patient Medication Card** to patient.

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kidneyhealth.ca manitoba renal program

Patient Medication Card

CHANDLER, ADAM

PHN: 112 831 661
DOB: 10-SEP-1940

Printed on 02-JUL-2013
Split medications given on dialysis: Yes

DRUG ALLERGIES: Codeine - dizziness, rash

Medications To Be Administered During Dialysis:

Medication	Direction
No Data.	

Medications Patient Takes At Home:

Medication	Direction
ALLOPURINOL	100 mg once daily. Orally to prevent gout
FERROUS SULFATE	300 mg at bedtime. Orally Start 300 mg orally at bedtime for 7 days, then increase to 600 mg orally at bedtime for 7 days and then increase to 900 mg orally at bedtime . Continue 900 mg orally at bedtime. Take on an empty stomach and separate from Calcium by at least 2 hrs.
PREDNISONE	50 mg once daily. Orally Start with 50 mg orally each day for 2 weeks, then decrease to 40 mg orally each day for 2 weeks, then decrease to 20 mg orally each day for 2 weeks and then continue taking 10 mg orally each day.
WARFARIN SODIUM (COUMADIN)	4 mg every 3 days. alternating WITH 2 mg every 3 days. alternating WITH 2 mg every 3 days. Orally Take 4 mg on Day 1, take 2 mg on Day 2, take 2 mg on Day 3 and then repeat cycle.

Medications to Take Only When Needed:

Medication	Direction

Additional Notes:

This medication list was considered correct at the time of printing. However you may have had a recent medication change,or you may be taking additional non-prescription or herbal medications that are not listed here. If this is the case, please notify a member of your team, who will help ensure your medication list is as accurate as possible.

This medication list is an important component of your care. Please ensure that it is kept up to date. We suggest that you keep a copy of the list at all times so that you can show it to any health care providers involved in your care.

The list represents the medications (prescribed or self-directed) based on information provided to the renal health care team as of the date printed. This information must be verified with the client and/or against other information sources upon reviewing.

Figure 3-21: Patient Medication Card

APPENDIX 1 PROCESSING AND "PAPER" VERIFYING MEDICATION ORDER ENTRY INTO THE EKHR

Appendix I describes the processes used to enter medications into the eKHR and to verify the accuracy of medications entered as reflected on the Renal Medication Profile – Current Medications (Profile). The entry and "paper" verification of both outpatient medications and medications given in dialysis, either processed by the unit clerk or staff nurse, are included.

A. Outpatient Medications

All Steps:

1. Physician writes outpatient prescription and flags chart with colour designated by site.

Outpatient Prescription

SOGH Hemodialysis Unit
2300 McPhillips Street, Winnipeg, MB
Phone 204-632-3467
Fax 204-632-9536

Date: Oct 8/13
Name:
Address:
Pharmacy: Brandt Pharm Plus
Fax#: 889-2098

IF FAXED, THIS ORIGINAL PRESCRIPTION MUST BE MADE PART OF THE PATIENT CHART

Delivery Instructions:
☐ Patient will pick up
☐ Deliver to patient's home
☐ Deliver to dialysis unit at next delivery time
☐ Defer prescription until requested

Manitoba Renal Program Use Only:

	INITIAL	DATE D D M M M Y Y Y Y
☑ Faxed	JP	10 8 OCT 2013
Medication order transcribed by:	JP	10 8 OCT 2013
Order double checked by:	eKHR entry verified	DE 08 Oct 2013
☑ MRP Medication Change Form ☐ Medication Card Completed by:	JP	10 8 OCT 2013
Given to patient by:	EB	10 8 Oct 2013
Patient given verbal instructions on medication change: ☑ in person or ☐ phone by	EB	10 8 Oct 2013

PRESCRIBER CERTIFICATION

This Rx represents the original of the Rx drug order. The pharmacy addressed noted above is the only intended recipient and there are no others. The original has been invalidated and cannot be filled and will not be transmitted elsewhere or another time. Quantity must be stated in words and numbers.

CONFIDENTIALITY CAUTION

This fax is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof, you are advised that any dissemination, distribution or copying of this fax is strictly prohibited.

Use of this form for purposes or by persons not authorized under the Controlled Drugs and Substances Act and its regulations is a criminal act.

Pt still c/o leg cramping at night.

↑ Gabapentin to 200mg po QHS

Mitte: 1 month Repeat: X 11 ☐ Meets EDS
(on all above unless otherwise indicated)
MD Signature: c/o Dr Brown/S Evers BSc (Pharm) #23456
MD License #: 15-555
MD Name Printed: J. Brown

2. Unit Clerk:

a. Enters medication in eKHR and prints new Renal Medication Profile – Current Medications (Profile).

Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **08-OCT-2013**
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

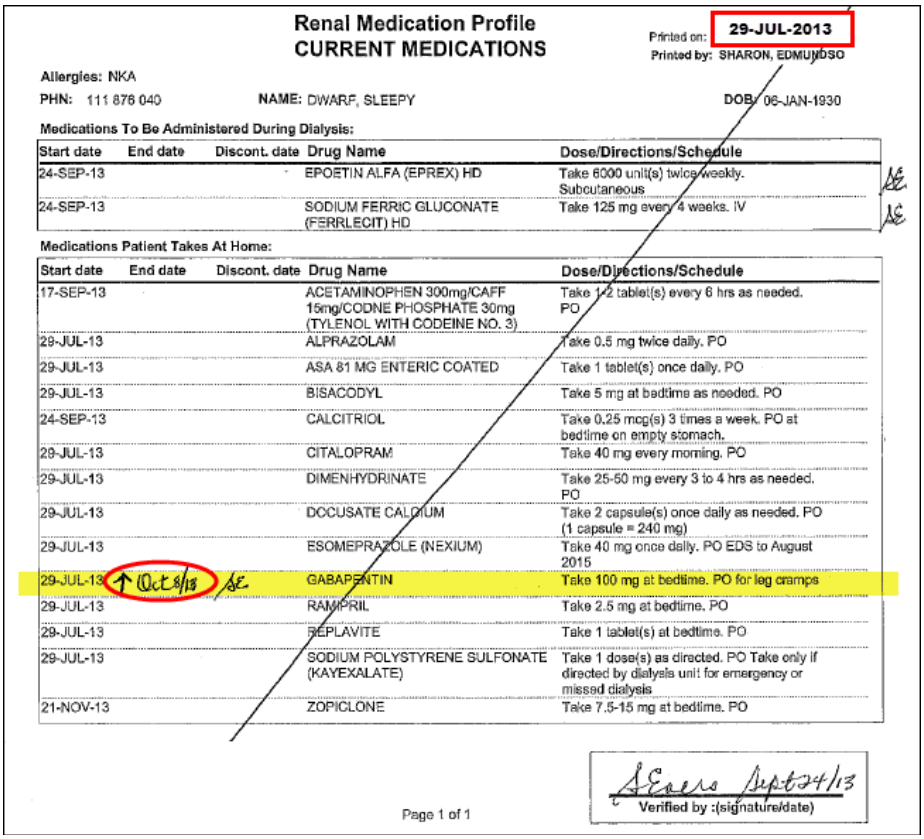
Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO
29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)
29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015
08-OCT-13			GABAPENTIN	Take 200 mg at bedtime. PO for leg cramps
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

b. Faxes orders and completes Medication Change Form, if required, and signs off order processed.

c. "Yellow" highlights updated/discontinued order, indicates date and whether order is discontinued, increased or decreased in the "End date - Discontinue date" column on previous Profile.

d. Draws a diagonal line across previous Profile to indicate it has been superseded.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 29-JUL-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 NAME: DWARF, SLEEPY DOB: 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)
29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015
29-JUL-13	Oct 8/13	AE	GABAPENTIN	Take 100 mg at bedtime. PO for leg cramps
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

AE Sept 24/13
Verified by :(signature/date)

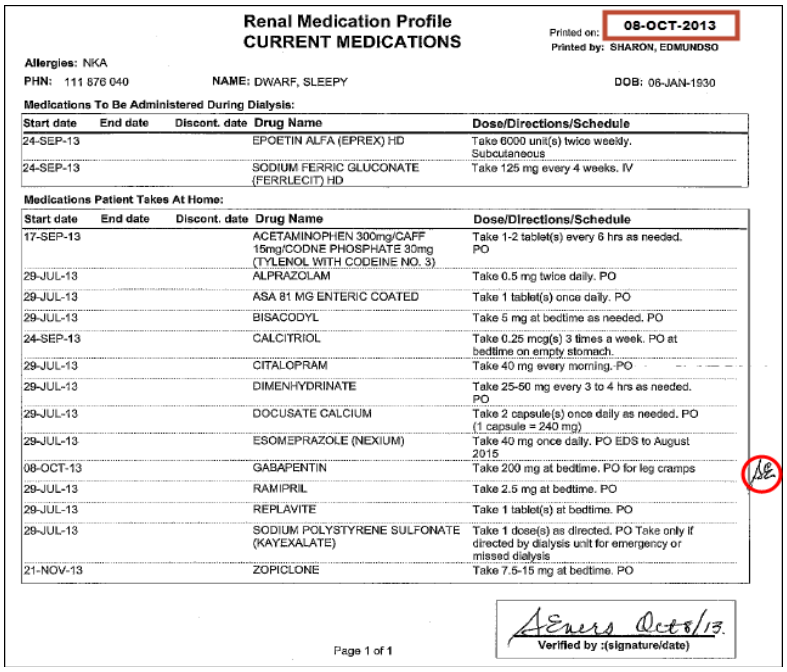
Page 1 of 1

e. Flags chart alerting that verification required.

3. Verifier (Pharmacist/CRN/Staff Nurse, trained in verification):

a. Assesses accuracy of each new/updated medication entry on the <u>new</u> Profile against the written prescription:

- If incorrect: indicates errors on Profile and flags chart alerting Unit Clerk that correction(s) are required.
- If correct: initials in the right margin beside the new/updated medication.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 08-OCT-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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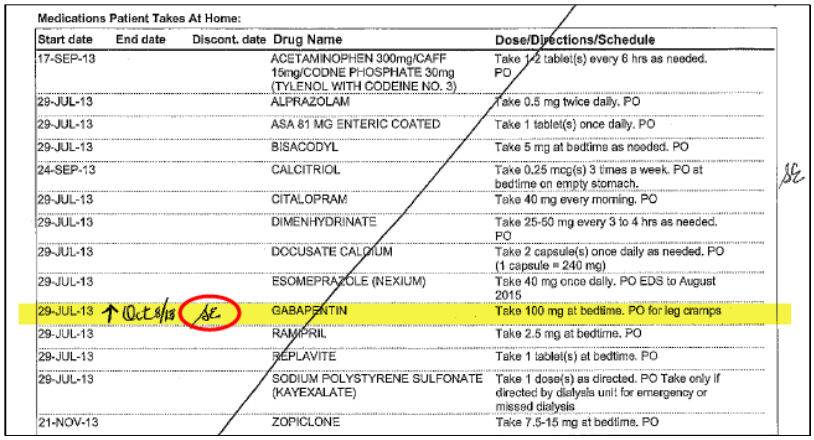
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

Page 1 of 1

Verified by :(signature/date) Oct 8/13

b. Initials the "yellow" highlighted discontinued and/or changed medications on <u>previous</u> Profile where change is indicated in the "End date - Discontinue date" column.



Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015
29-JUL-13 ↑ Oct 8/13			GABAPENTIN	Take 100 mg at bedtime. PO for leg cramps
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
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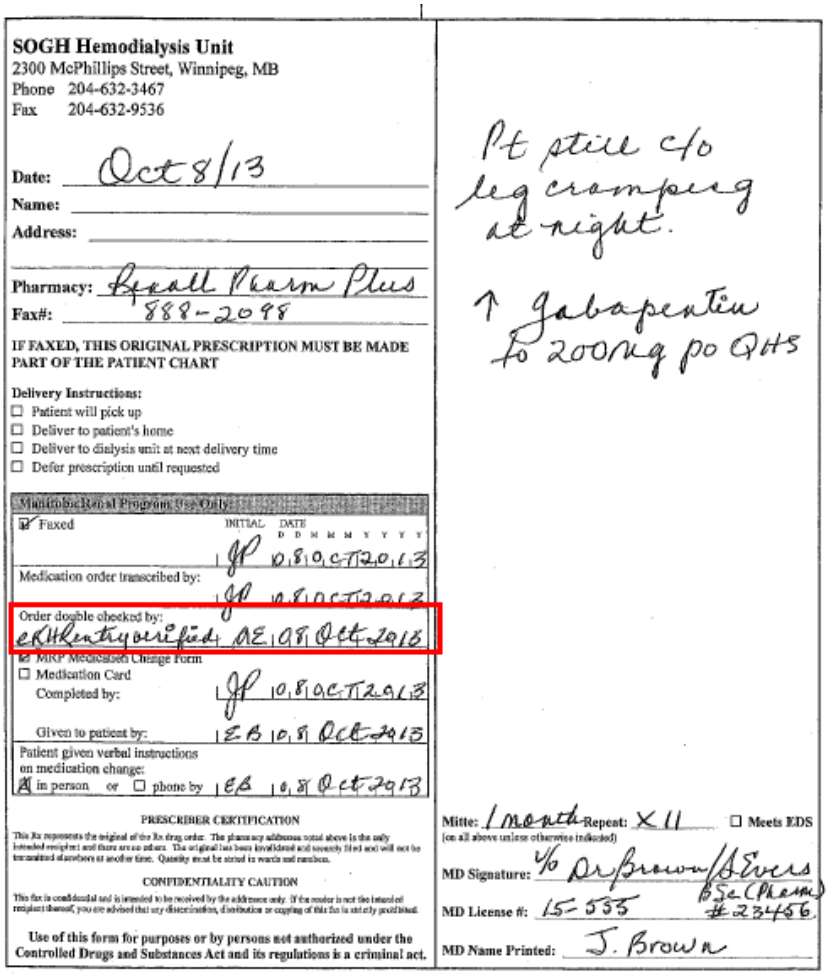
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

c. In the "order double-checked" box on the Outpatient Prescription form writes "eKHR entry verified", initials and dates.



SOGH Hemodialysis Unit
2300 McPhillips Street, Winnipeg, MB
Phone 204-632-3467
Fax 204-632-9536

Date: Oct 8/13
Name:
Address:

Pharmacy: Rexall Pharm Plus
Fax#: 888-2098

IF FAXED, THIS ORIGINAL PRESCRIPTION MUST BE MADE PART OF THE PATIENT CHART

Delivery Instructions:
☐ Patient will pick up
☐ Deliver to patient's home
☐ Deliver to dialysis unit at next delivery time
☐ Defer prescription until requested

Manitoba Renal Program Use Only

	INITIAL	DATE D D M M M Y Y Y Y
☑ Faxed	JP	08 OCT 2013
Medication order transcribed by:	JP	08 OCT 2013
Order double checked by:	eKHRentryverified	AE 08 Oct 2013
☑ MRP Medication Change Form		
☐ Medication Card Completed by:	JP	08 OCT 2013
Given to patient by:	EB	08 Oct 2013
Patient given verbal instructions on medication change: ☑ in person or ☐ phone by	EB	08 Oct 2013

PRESCRIBER CERTIFICATION

This Rx represents the original of the Rx drug order. The pharmacy addressee noted above is the only intended recipient and there are no others. The original has been invalidated and securely filed and will not be transmitted elsewhere at another time. Quantity must be stated in words and numbers.

CONFIDENTIALITY CAUTION

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Use of this form for purposes or by persons not authorized under the Controlled Drugs and Substances Act and its regulations is a criminal act.

Pt still c/o leg cramping at night.

↑ Gabapentin to 200mg po QHS

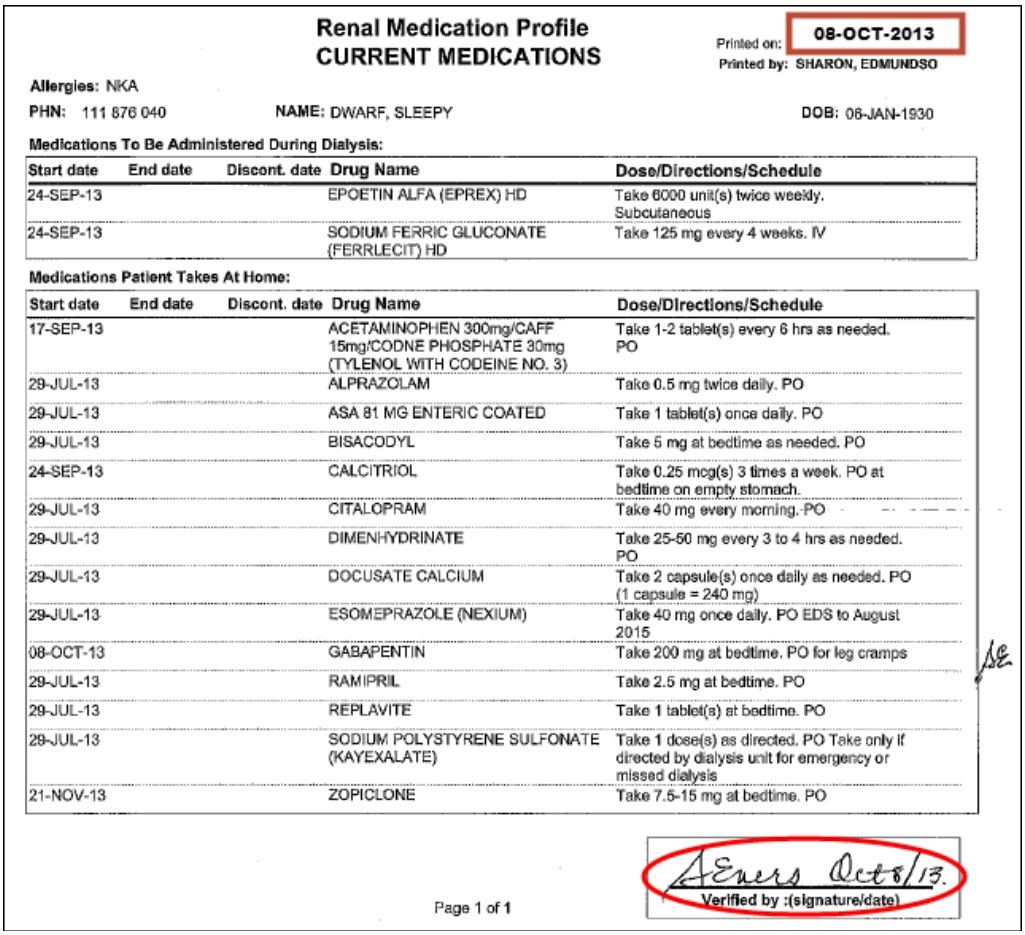
Mitte: 1 month Repeat: X 11 ☐ Meets EDS
(on all above unless otherwise indicated)

MD Signature: p/p Dr Brown/S Evers BSc (Pharm) #23456

MD License #: 15-555

MD Name Printed: J. Brown

d. Once all new entries are verified correct signs and dates bottom of new Profile.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 08-OCT-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA

PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
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29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)
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29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

Page 1 of 1

Verified by :(signature/date) Oct 8/13.

e. Removes alert flag.

4. Staff Nurse:

a. Gives Medication Change Form, if required, to patient, initials and dates in “MRP Medication Change Form Given to Patient” box on the Outpatient Prescription form.

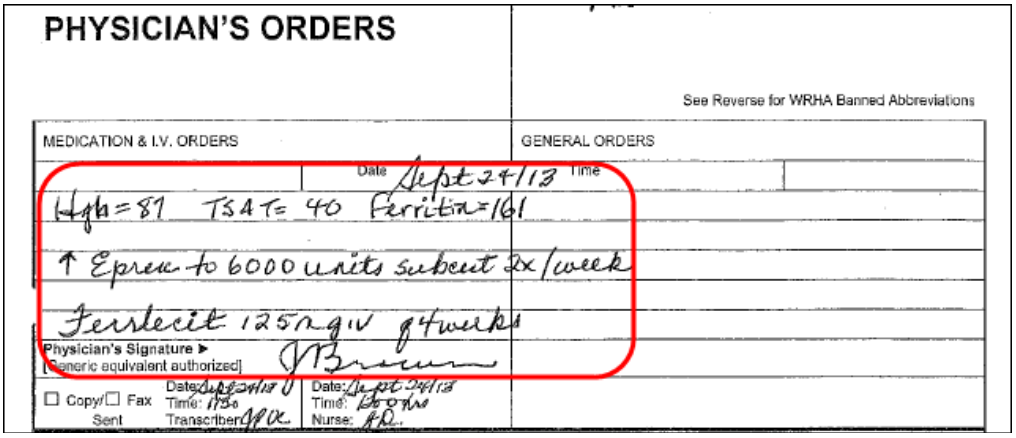
b. Checks box that “Patient given verbal instructions on medication change”, initials and dates on the Outpatient Prescription form.

B. Medications Given in Dialysis

1. Unit Clerk Processing Orders

All Steps:

1. Physician writes medication order and flags chart with colour designated by site.



PHYSICIAN'S ORDERS

See Reverse for WRHA Banned Abbreviations

MEDICATION & I.V. ORDERS | GENERAL ORDERS

Date Sept 24/13 Time

Hgb = 87 TSAT = 40 Ferritin = 161

↑ Eprex to 6000 units subcut 2x/week

Ferrlecit 125mg IV q4weeks

Physician's Signature ▶ JB Brown

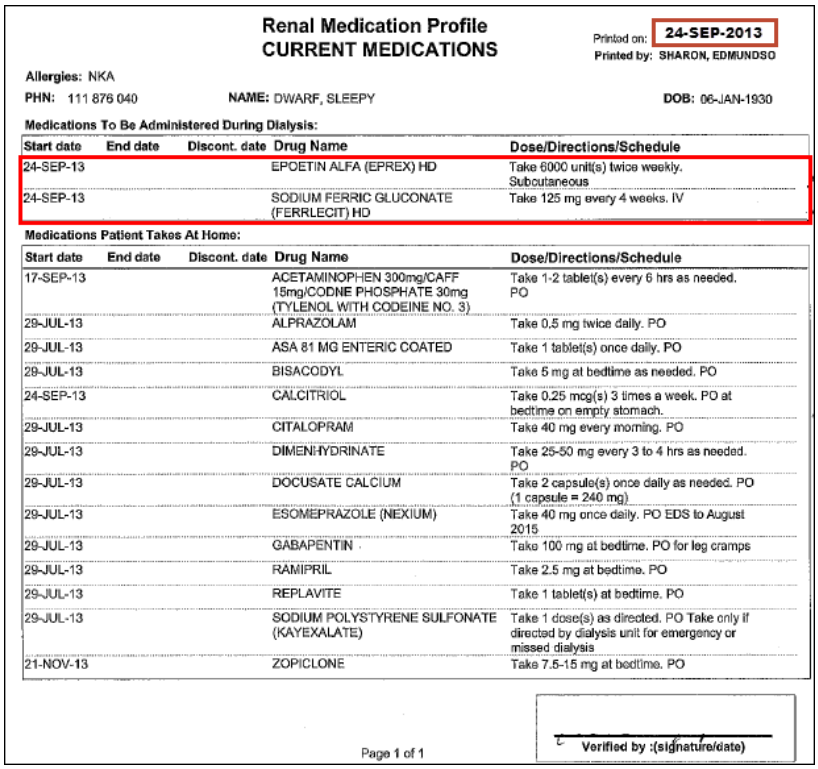
[Generic equivalent authorized]

☐ Copy/☐ Fax Sent Date: Sept 24/13 Time: 1130 Transcriber: MK

Date: Sept 24/13 Time: 1500hrs Nurse: AD

2. Unit Clerk:

   a. Enters medication in eKHR and prints Renal Medication Profile – Current Medications (Profile).



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 24-SEP-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

Page 1 of 1

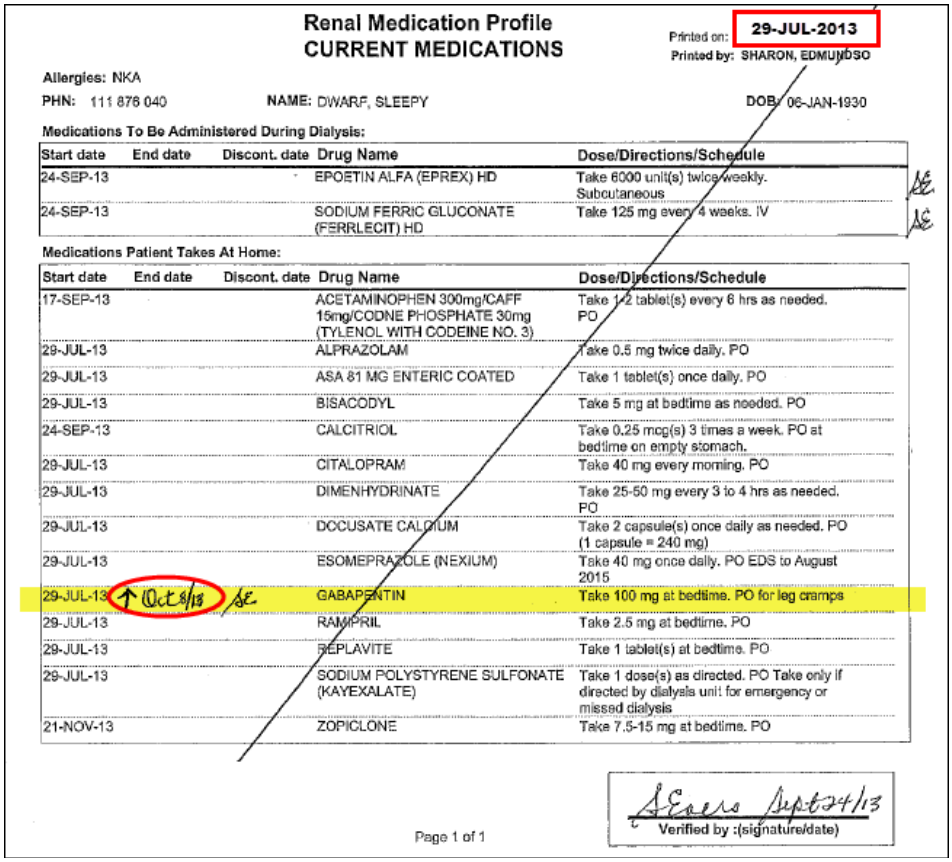
Verified by :(signature/date)

b. Transcribes medication to MAR and initials as transcriber on Physicians Orders form.

c. If required, faxes orders to hospital pharmacy, stamps and signs order as "faxed".

d. "Yellow" highlights updated/discontinued order, indicates date and whether order is discontinued, increased or decreased in the "End date - Discontinue date" column on <u>previous</u> Profile.

e. Draws a diagonal line across <u>previous</u> Profile to indicate it is superseded.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 29-JUL-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

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Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
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29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

AE
AE

Page 1 of 1

Verified by :(signature/date) Sept 24/13

f. Processes other non-Renal Medication Profile orders e.g. dry weight changes, dialysate bath changes).

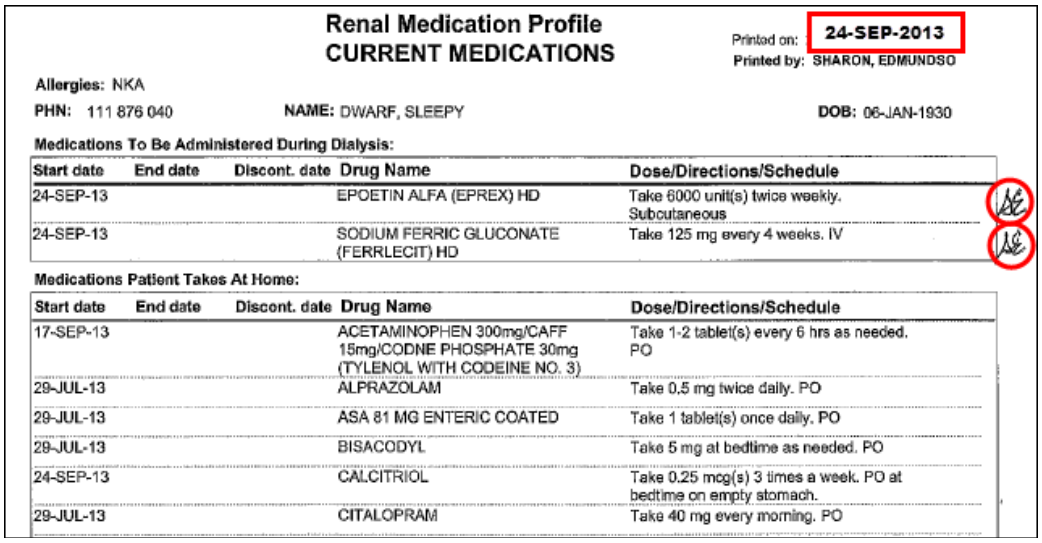
g. Flags chart with colours designated by site to:

- Alert that verification of Profile is required.
- Alert that non-Renal Medication Profile orders to be checked e.g. transcription to MAR, dry weight or dialysate bath changes

2. Verifier (Pharmacist/CRN/Staff Nurse, trained in verification):

   a. Assesses accuracy of each new/updated medication entry on Profile against the written physician's order:

   - If incorrect: indicates errors on Profile and flags chart alerting Unit Clerk that correction(s) are required.
   - If correct: initials in the right margin beside the new/updated medication.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 24-SEP-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

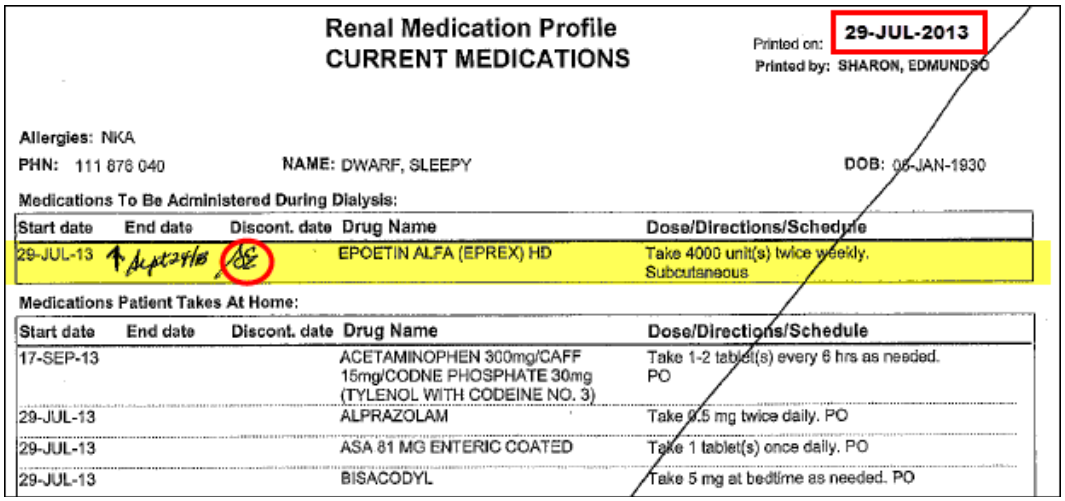
Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO

   b. Initials the "yellow" highlighted discontinued and/or changed medications on <u>previous</u> Profile where change is indicated in the "End date - Discontinue date" column.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 29-JUL-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

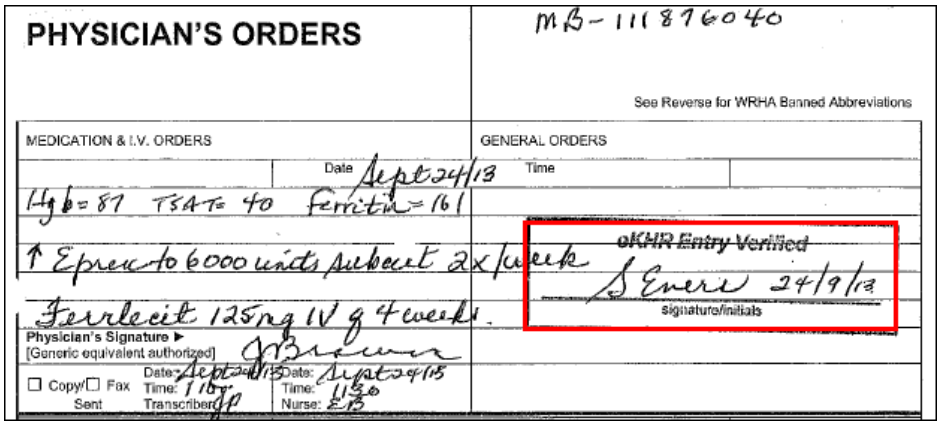
Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
29-JUL-13			EPOETIN ALFA (EPREX) HD	Take 4000 unit(s) twice weekly. Subcutaneous

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO

c. Adds red "eKHR entry verified" stamp beside order on the Physicians Orders form and signs stamp.



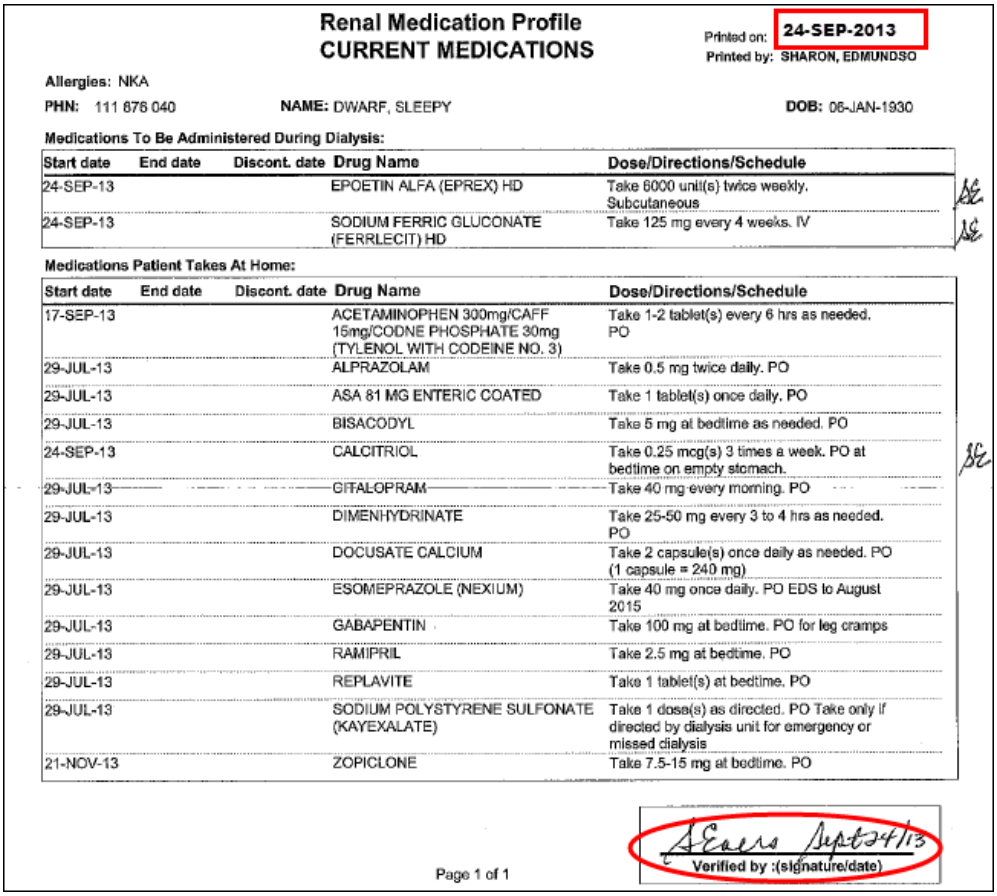
PHYSICIAN'S ORDERS

MB- 111876040

See Reverse for WRHA Banned Abbreviations

MEDICATION & I.V. ORDERS	GENERAL ORDERS
Date Sept 24/13 Time	
Hgb = 87 TSAT = 40 Ferritin = 161	
↑ Eprex to 6000 units subcut 2x/week	eKHR Entry Verified S Evans 24/9/13 Signature/initials
Ferrlecit 125mg IV q 4 weeks.	
Physician's Signature ▶ [Generic equivalent authorized]	
☐ Copy/☐ Fax Sent Date: Sept 24/13 Time: 1100 Transcriber: JP	Date: Sept 24/13 Time: 1130 Nurse: EB

d. Once all entries verified correct signs and dates bottom of Profile.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: 24-SEP-2013
Printed by: SHARON, EDMUNDSO

Allergies: NKA

PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule	
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous	SE
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV	SE

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule	
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO	
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO	
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO	
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO	
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.	SE
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO	
29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO	
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)	
29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015	
29-JUL-13			GABAPENTIN	Take 100 mg at bedtime. PO for leg cramps	
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO	
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO	
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis	
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO	

Page 1 of 1

S Evans Sept 24/13
Verified by :(signature/date)

e. Removes verification alert flag.

3. Staff nurse:

   a. Performs "second nurse check" and co-signs:

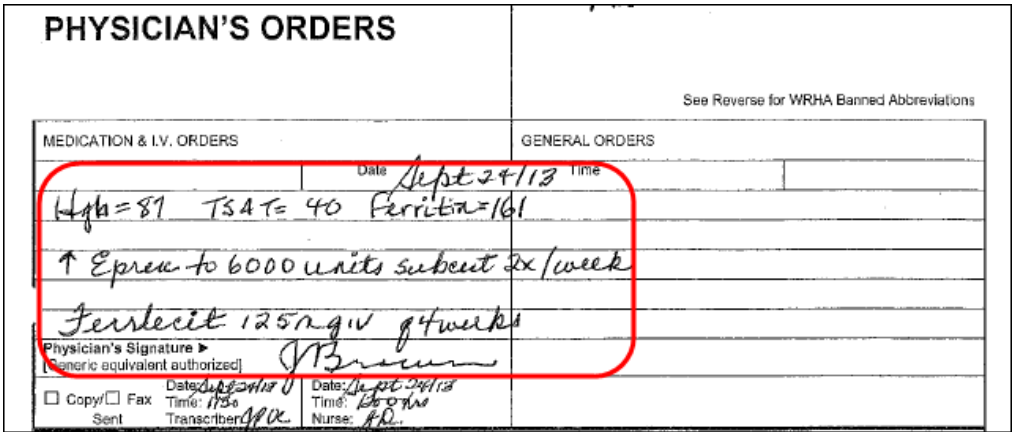
      I. Medication orders transcribed by another nurse to MAR
      II. Non-Renal Medication Profile orders.

   b. Removes "nurse to check" flag.

2. Staff Nurse Processing Orders

All Steps:

1. Physician writes medication order and flags chart with colour designated by site.



PHYSICIAN'S ORDERS

See Reverse for WRHA Banned Abbreviations

MEDICATION & I.V. ORDERS	GENERAL ORDERS
Date Sept 24/13 Time	
Hgb = 81 TSAT = 40 Ferritin = 161	
↑ Eprex to 6000 units subcut 3x/week	
Ferrlecit 125mg IV q4weeks	
Physician's Signature ▶ [Generic equivalent authorized]	
☐ Copy/☐ Fax Sent Date: Sept 24/13 Time: 1350 Transcriber: YK	Date: Sept 24/13 Time: 1500 Nurse: YK

2. Staff Nurse:

   a. Transcribes medication order to MAR and initials as transcriber on Physicians Orders form.

   b. If required, faxes orders to hospital pharmacy, stamps and signs order as "faxed".

   c. Processes any non-Renal Medication Profile orders, if required e.g. dry weight changes, dialysate bath changes, lab tests.

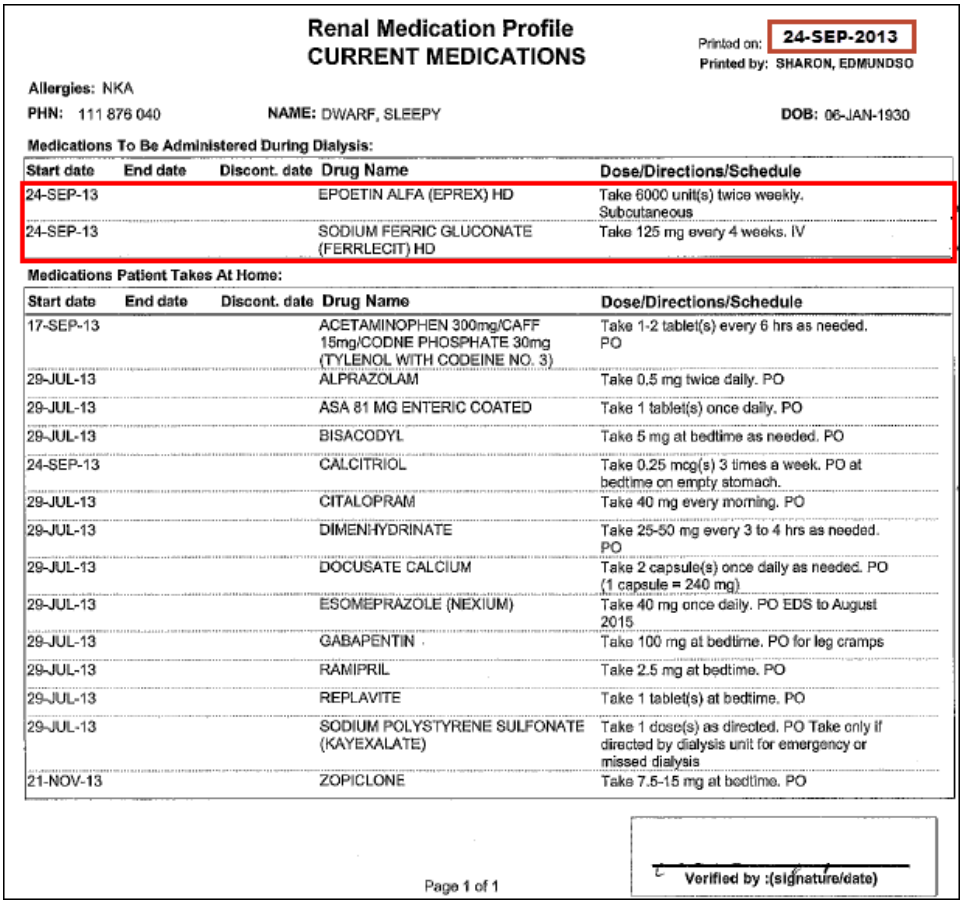
   d. Flags chart with colour(s) designated by site to:

      - Alert for second nurse to check order transcription.
      - Alert for unit clerk to enter medication into eKHR.

   e. Performs "second nurse check" and co-signs medication orders transcribed by another nurse to MAR; then removes "nurse to check" flag.

3. Unit Clerk:

a. Enters medication in eKHR and prints Renal Medication Profile – Current Medications (Profile).



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **24-SEP-2013**
Printed by: **SHARON, EDMUNDSO**

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO
29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)
29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015
29-JUL-13			GABAPENTIN	Take 100 mg at bedtime. PO for leg cramps
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

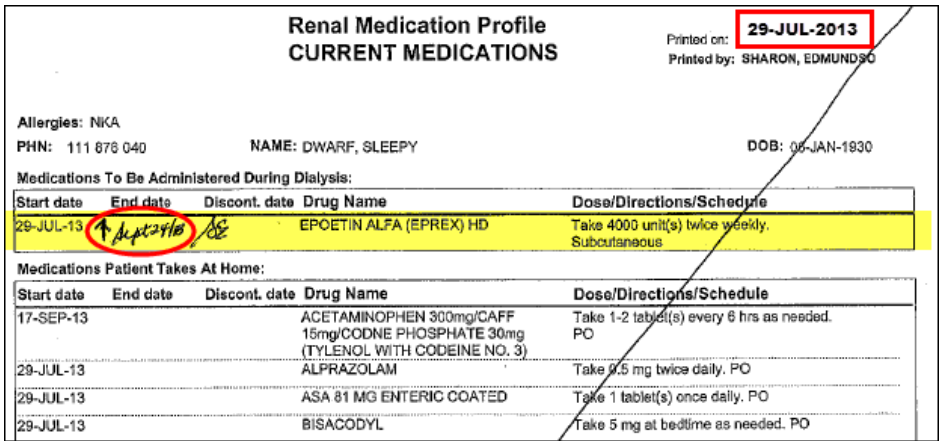
Page 1 of 1

Verified by :(signature/date)

b. If required, faxes orders to hospital pharmacy, stamps and signs order as “faxed”.

c. “Yellow” highlights updated/discontinued order, indicates date and whether order is discontinued, increased or decreased in the “End date - Discontinue date” column on previous Profile.

d. Draws a diagonal line across previous Profile to indicate it is superseded.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **29-JUL-2013**
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
29-JUL-13	Sept 29/13		EPOETIN ALFA (EPREX) HD	Take 4000 unit(s) twice weekly. Subcutaneous

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO

e. If required, processes other non-Renal Medication Profile orders e.g. dry weight changes, dialysate bath changes.

f. Flags chart with colours designated by site to:

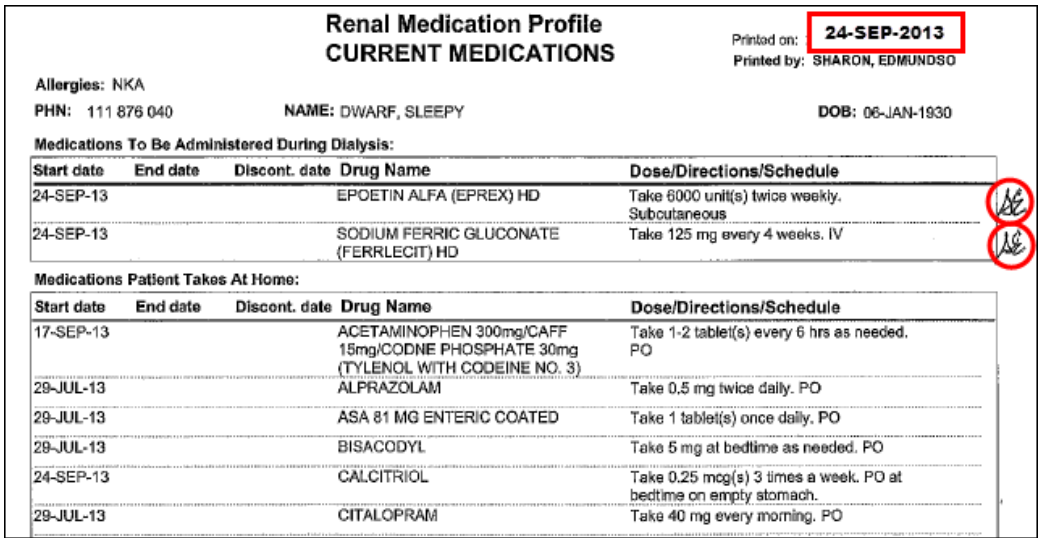
- Alert that verification of Profile is required.
- Alert that non-Renal Medication Profile orders to be checked e.g. transcription to MAR, dry weight or dialysate bath changes

4. Verifier (Pharmacist/CRN/Staff Nurse, trained in verification):

a. Assesses accuracy of each new/updated medication entry on Profile against the written physician's order:

- If incorrect: indicates errors on Profile and flags chart alerting Unit Clerk that correction(s) are required.

- If correct: initials in the right margin beside the new/updated medication.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **24-SEP-2013**
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

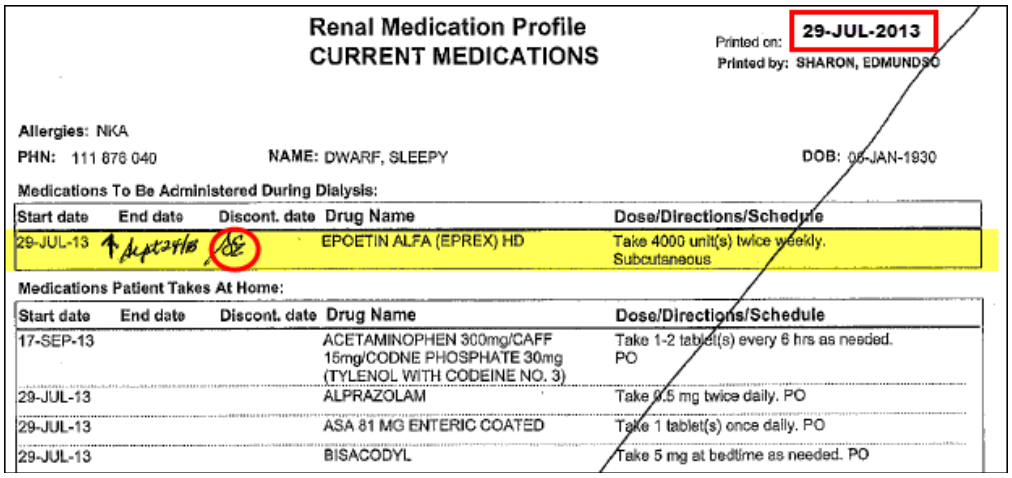
Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 6000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO

b. Initials the "yellow" highlighted discontinued and/or changed medications on previous Profile where change is indicated in the "End date - Discontinue date" column.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **29-JUL-2013**
Printed by: SHARON, EDMUNDSO

Allergies: NKA
PHN: 111 876 040 **NAME:** DWARF, SLEEPY **DOB:** 05-JAN-1930

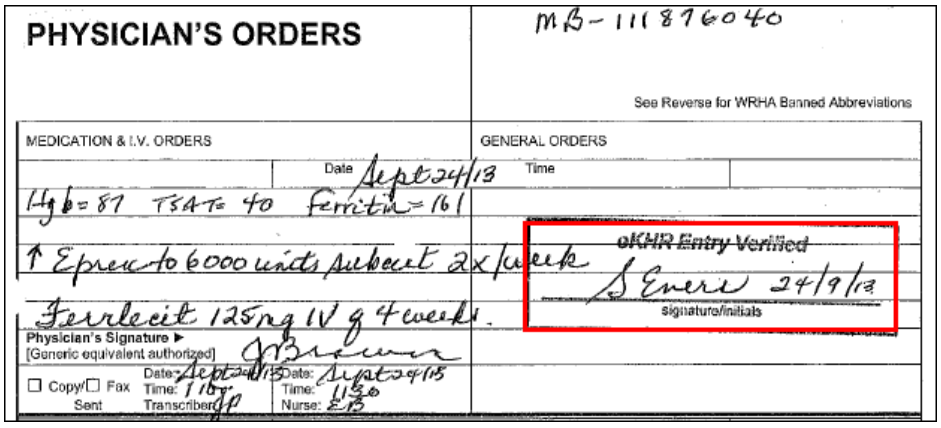
Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
29-JUL-13	↑ Sept24/13	JSE	EPOETIN ALFA (EPREX) HD	Take 4000 unit(s) twice weekly. Subcutaneous

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO

c. Adds red "eKHR entry verified" stamp beside order on the Physicians Orders form and signs stamp.



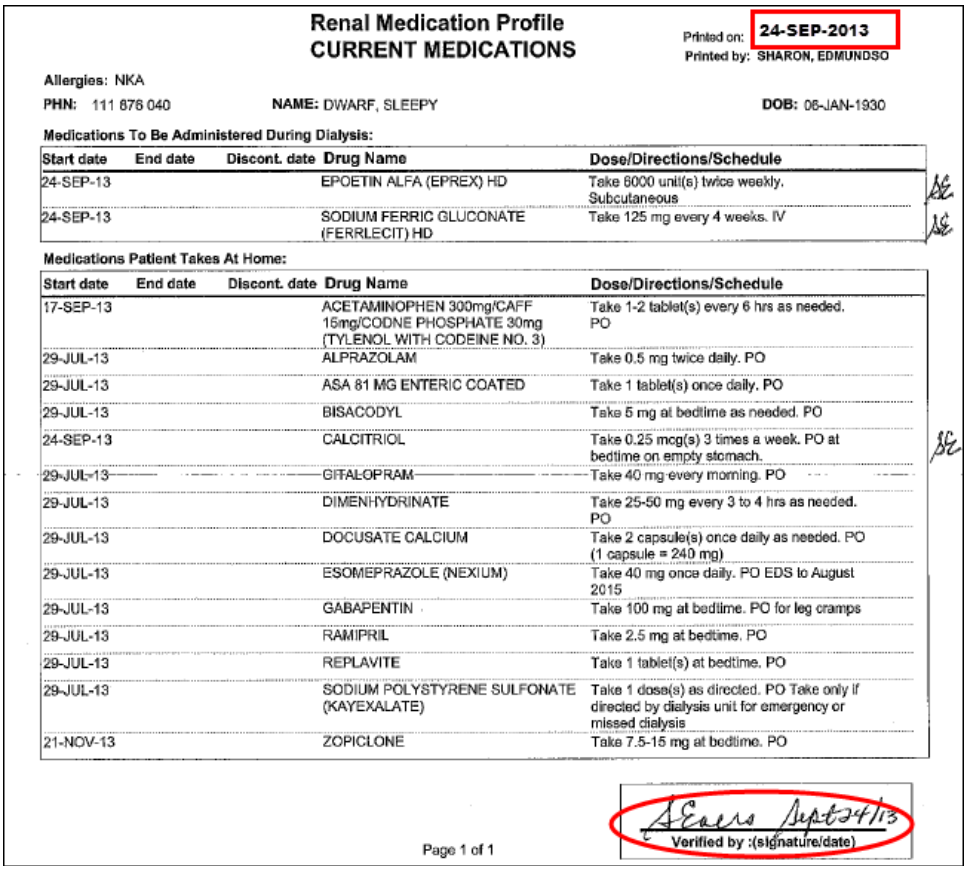
PHYSICIAN'S ORDERS

MB-111876040

See Reverse for WRHA Banned Abbreviations

MEDICATION & I.V. ORDERS	GENERAL ORDERS
Date Sept24/13	Time
Hgb=87 TSAT=40 Ferritin=161	
↑ Eprex to 6000 units subcut 2x/week	eKHR Entry Verified S Emery 24/9/13 signature/initials
Ferrlecit 125mg IV q 4 weeks.	
Physician's Signature ► [Generic equivalent authorized] JBrown	
☐ Copy/☐ Fax Sent Date: Sept24/13 Time: 1100 Transcriber: JP	Date: Sept24/13 Time: 1130 Nurse: EB

d. Once all entries verified correct sign and date bottom of Profile.



Renal Medication Profile
CURRENT MEDICATIONS

Printed on: **24-SEP-2013**
Printed by: **SHARON, EDMUNDSO**

Allergies: NKA

PHN: 111 676 040 **NAME:** DWARF, SLEEPY **DOB:** 06-JAN-1930

Medications To Be Administered During Dialysis:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
24-SEP-13			EPOETIN ALFA (EPREX) HD	Take 8000 unit(s) twice weekly. Subcutaneous
24-SEP-13			SODIUM FERRIC GLUCONATE (FERRLECIT) HD	Take 125 mg every 4 weeks. IV

Medications Patient Takes At Home:

Start date	End date	Discont. date	Drug Name	Dose/Directions/Schedule
17-SEP-13			ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Take 1-2 tablet(s) every 6 hrs as needed. PO
29-JUL-13			ALPRAZOLAM	Take 0.5 mg twice daily. PO
29-JUL-13			ASA 81 MG ENTERIC COATED	Take 1 tablet(s) once daily. PO
29-JUL-13			BISACODYL	Take 5 mg at bedtime as needed. PO
24-SEP-13			CALCITRIOL	Take 0.25 mcg(s) 3 times a week. PO at bedtime on empty stomach.
29-JUL-13			CITALOPRAM	Take 40 mg every morning. PO
29-JUL-13			DIMENHYDRINATE	Take 25-50 mg every 3 to 4 hrs as needed. PO
29-JUL-13			DOCUSATE CALCIUM	Take 2 capsule(s) once daily as needed. PO (1 capsule = 240 mg)
29-JUL-13			ESOMEPRAZOLE (NEXIUM)	Take 40 mg once daily. PO EDS to August 2015
29-JUL-13			GABAPENTIN	Take 100 mg at bedtime. PO for leg cramps
29-JUL-13			RAMIPRIL	Take 2.5 mg at bedtime. PO
29-JUL-13			REPLAVITE	Take 1 tablet(s) at bedtime. PO
29-JUL-13			SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)	Take 1 dose(s) as directed. PO Take only if directed by dialysis unit for emergency or missed dialysis
21-NOV-13			ZOPICLONE	Take 7.5-15 mg at bedtime. PO

Page 1 of 1

Verified by :(signature/date)

e. Removes verification alert flag.